

Bill as  
Introduced

HB 271 - AS INTRODUCED

2013 SESSION

13-0244

01/09

HOUSE BILL

**271**

AN ACT

stating that New Hampshire will not accept expanded Medicaid.

SPONSORS:

Rep. W. O'Brien, Hills 5; Rep. Comerford, Rock 33

COMMITTEE:

Health, Human Services and Elderly Affairs

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ANALYSIS

This bill prohibits the commissioner of the department of health and human services from expanding Medicaid pursuant to the Patient Protection and Affordable Care Act of 2009, Public Law 111-148.

-----  
Explanation:

Matter added to current law appears in ***bold italics***.

Matter removed from current law appears ~~[in brackets and struckthrough.]~~

Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

STATE OF NEW HAMPSHIRE

*In the Year of Our Lord Two Thousand Thirteen*

AN ACT            stating that New Hampshire will not accept expanded Medicaid.

*Be it Enacted by the Senate and House of Representatives in General Court convened:*

1            1 New Paragraph; Commissioner's Duties; Prohibition on Expanded Medicaid. Amend RSA 126-  
2 A:5 by inserting after paragraph XXI the following new paragraph:

3            XXII. The commissioner shall not accept any federal moneys or in any way expand Medicaid  
4 pursuant to the Patient Protection and Affordable Care Act of 2009, Public Law 111-148, as amended  
5 by the Health Care and Education Reconciliation Act of 2010, Public Law 111-152.

6            2 Effective Date. This act shall take effect 60 days after its passage.

# Speakers

# SIGN UP SHEET

To Register Opinion If Not Speaking

Bill # HB 271 Date 2/5/13  
 Committee Health, Human Services & Elderly Affairs

\*\* Please Print All Information \*\*

Name	Address	Phone	Representing	(check one)	
				Pro	Con
Peter Bartlett	77 Samsom Rd Concord	224-3172	self		X
<del>Elizabeth Kennett</del>	<del>158 WEARE 42nd Dearborn Rd</del>	<del>459-5333</del>	<del>ADA</del>		
Pamela Tucker			Rock 23	X	
Tess Kuenning	9 Galda View Dr.		Faw NHT		X
Emily Sandblade	Manchester		Hills 18 rep	X	
Doreen McSweeney	Concord				X
Allyson Foor	Concord				X
Ashley Haseltine	48 Pelham Rd, Salem NH	603-912-5254			X
Hugh Parkin	Four Hill				X
KETH KUEENING		CFS	518-4645		X
John Clayton	NHHA				X
Laura Kellier	Concord, NH		Self		X
Faby Kendall	Plymouth		Transportation Disability Community		
Tom Morse	Ashland		Disabled Blind		
Judith Stadtman	Portsmouth		self		X
Senator Waters			Dist 4		X
Mariann White	Wolfeboro NH		SELF		X
Susan Smith	Gilford NH				X
Joe Magrader	Concord, N.H.		self		X
Sonia Prince	Nashua NH		self.		X
Mr. Richard	Concord, NH		self		X
	f Governor's Commission on Disability				

10:00 AM.

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To Register Opinion If Not Speaking

Bill # HB 271 Date February 5, 2013  
 Committee Health, Human Services and Elderly

**\*\* Please Print All Information \*\***

Name	Address	Phone	Representing	(check one)	
				Pro	Con
REP. DAVID MAROTAKE	17 Portchester Nashua NH	603-889-4368	HILLS 32	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Karen McDowell	136 White Birch Dr GILFORD	293-0666		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sarah Albee	Suite 3364 19 Highland Ave Plymouth NH 03264	207-266-8837		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sarah Kelsea	900 Elm St Manchester NH		AARP NH	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sarah Aiken	Concord		CSNI	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Beth Arsenault	Laconia		State Rep	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Don Pinzini	12 South Emparor St Concord NH			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ed Conlon	123 NO MAIN ST SALEM NH		Comm Crossroads	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Stella Thumblay	Auburn, NH			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Maria Bryan	18 Prescott Lane Hampton Falls NH (scg)			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Eileen Brady	57 Palm, Nashua		Nashua Soup Kitchen	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cathy Spinney	23 Gordon Ave Pelham NH		parent	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Nancy Vaughan	2 Waverly Manchester		American Heart Assn	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Steve Morgen	4 Williamsburg Dr Auherst NH		self	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Carolyn Hammer	2 Commerce Dr		American Cancer Society Cancer Action Network	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Nanci Carney	41 Townsend Ave Salem		ACS	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Kurtford Morrison	84 Like St Salem			<input type="checkbox"/>	<input checked="" type="checkbox"/>
DONNA DEERSCENZO	NEW HAMPSHIRE JLT ASSOC.			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sarah Garstka	503 Marthas Way Dover NH 03820			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Doug GRANT	69 MAIN ST #3, FRANCONIA NH 03580			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Teirrah Hussey	5 Haywood Gordon NH 03241			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Annette Carbonneau	PO Box 205 Franconia NH 03586			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Kandis L. Donaghy	38 Deer Run Lane, Northwood, NH 03261			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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To Register Opinion If Not Speaking

Bill # 271 Date February 5, 2013  
 Committee Health Human Services & Elderly affairs

\*\* Please Print All Information \*\*

Name	Address	Phone	Representing	(check one)	
				Pro	Con
Kenneth Roos	Concord		SEIU		X
Rep. Timothy Hovigan	Stratford	6			X
Card Croteau	Kingston				X
Jennifer Spence	Wilton				X
Karow Blain	N Woodstock				X
Chuck EnBoeg	Ashland, NH	536-5990	SCOA		X
Kathy Engborg	Ashland, NH	536-5990	AARP		X
REP. GILMAN SHATUK	Hudson NH				X
JANET KELLY	MANCHESTER NH				X
Jerry Conner	Manchester				X
Dave Haskin	Manchester NH				X
Rep. Laura Jones	9 Jackson St		Rochester self	X	
Rep. Leon H Rineout	Lancaster NH		COOS 7	X	
Meghan Steele	4 Park St	Concord 228 2983	NHPHA		X
AMELIA EIAN	296 Pleasant St.	Concord 226-0246	SELF	✓	
RYAN DONNELLY	16 PEARSON RD	ALTON, NH 03809			X
GREG MOORE	1015 Elm St	MANCHESTER NH 03101		✓	
Janis King	Private Provider Network	PO Box 28 Poultney, NH 03458			X
Ann Fisher	NAMI member	13 Pilgrim Dr, Litchfield			X
Deed Miller	NAMI	13 Pilgrim Dr Litchfield			X
Olen Mallory	70 Pollard Rd	Geofftowne 03045			X
Ruth Keighas	93 Maple St #3	Concord 03301			X
Sally Ann Major	161 Dutton Rd	Dorchester 03070			X

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To Register Opinion If Not Speaking

Bill # 1/B 271 Date February 5, 2013

Committee Health, Human Services & Elderly Affairs

\*\* Please Print All Information \*\*

Name	Address	Phone	Representing	(check one)	
				Pro	Con
Rep. Shawn Sweeney				<input checked="" type="checkbox"/>	<input type="checkbox"/>
REP. STEPHEN PALMER				<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rep. Glenn Cordelli				<input checked="" type="checkbox"/>	<input type="checkbox"/>
Martha W. LaFleur				<input type="checkbox"/>	<input checked="" type="checkbox"/>
STEPHEN CURTIN	CONCORD			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Betsy Carroll	Dover			<input type="checkbox"/>	<input checked="" type="checkbox"/>
REP. WARDEN GROEIV				<input checked="" type="checkbox"/>	<input type="checkbox"/>
Matthew Houde			Dartmouth-Hitchcock	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Jeff Colby	7 N. State Street, Concord	224-1905	NH Medical Society	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sarah Mattson	117 N. State Street Concord	206-2214	NH Legal Assist	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Julie van Rye	London derry			<input type="checkbox"/>	<input checked="" type="checkbox"/>
ROBERT N. DUPREZ, JR.	1465 Hooksett Rd	221 703.2435	NAMI	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Elaine deMello				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Private Provider Network				<input type="checkbox"/>	<input checked="" type="checkbox"/>
Keith Carlson	Keene	997-1446	Self	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rep. Seanine Nutter			Hills 21	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dennis Stammers			MD	<input type="checkbox"/>	<input type="checkbox"/>
Susan Paschell	for Harvard Pilgrim	228-3322		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sarah Sidowski	Concord NH	988 9907	New Futures	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Linette Handschumaker		582-2412		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Gail Garceau				<input type="checkbox"/>	<input checked="" type="checkbox"/>
Paula Troie	2 Sawmill Ln. Amherst NH.		New Futures	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rep. Dan Tamburello	LOWDOWN PERRY			<input checked="" type="checkbox"/>	<input type="checkbox"/>



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To Register Opinion If Not Speaking

Bill # HB 271 Date February 5, 2013  
 Committee Health, Human Services & EA

\*\* Please Print All Information \*\*

Name	Address	Phone	Representing	(check one)	
				Pro	Con
Mary Rach	57 Old Bay New Castle				<input checked="" type="checkbox"/>
Raye Ellen Darnik	384 Donald St Bedford NH 03111				<input checked="" type="checkbox"/>
STEVE BERKLIK	4 PARK ST.	389-4767			<input checked="" type="checkbox"/>
Ashlee Eyr	Community Bridges				<input checked="" type="checkbox"/>
Gabe Taylor	42 Dupaw Gould Rd Brookline, NH				<input checked="" type="checkbox"/>
Sara Persechino	18 Low Ave, Concord		NARAL		<input checked="" type="checkbox"/>
Jaclyn Del Giudice	311 Gallowing Hill Rd, Hopkinton NH				<input checked="" type="checkbox"/>
Renee Albee	282 Pleasant St. Apt. B Concord, NH				<input checked="" type="checkbox"/>
Cheryl Cutting	572 New Hampton Rd. Seabrook NH				<input checked="" type="checkbox"/>
Henry Puterbaugh	164 Beauty Hill Rd. Barrington			<input checked="" type="checkbox"/>	
Barbara Power	11 Rowelway Rd 03244				<input checked="" type="checkbox"/>
Hon. Eileen Ehlers	14 Arden Ave	857 013	self		<input checked="" type="checkbox"/>
Jay Ward	Pembroke		SEA		<input checked="" type="checkbox"/>
John DeToie	Children's Alliance of NH				<input checked="" type="checkbox"/>
Jon Bresler	Bow, NH				<input checked="" type="checkbox"/>
Edith Bourne	Concord, 03301				<input checked="" type="checkbox"/>
Mark S. MacKouzie	WHAFLC10				<input checked="" type="checkbox"/>
NOVIE ALPERT	AFSC				<input checked="" type="checkbox"/>
Mackenzie Fiessas	47 Hall St Concord NH		Every Child Matters		<input checked="" type="checkbox"/>
Evenyn Aissa	4 Park St, Concord				<input checked="" type="checkbox"/>
Jusan Bance	Dunbarton		self		<input checked="" type="checkbox"/>

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To Register Opinion If Not Speaking

Bill # HB 271 Date February 5, 2013

Committee Health, Human Services

Elderly

\*\* Please Print All Information \*\*

Name	Address	Phone	Representing	(check one)	
				Pro	Con
Gene Chandler			Republican Office	<input checked="" type="checkbox"/>	
Jordan Uery			Hills-37	<input checked="" type="checkbox"/>	
Joel Twitchell, MSW	Hampton, NH		NAMI		<input checked="" type="checkbox"/>
Jennifer Aviles, LNA	Portsmouth NH		NAMI		<input checked="" type="checkbox"/>
Rep JR Hoell			Merx 23	<input checked="" type="checkbox"/>	
Bruce Couturey	Deering		Self	<input checked="" type="checkbox"/>	
Bonnie Dunham	Merrimack, NH		---		<input checked="" type="checkbox"/>
<sup>Rep.</sup> Suzanne M. Vail	Representative		Washua Ward 2 self		<input checked="" type="checkbox"/>
Michelle Cunha	Concord, NH		self		<input checked="" type="checkbox"/>
Mike Kello	ACS - CAN				<input checked="" type="checkbox"/>
Mani Mulroy	Highgrove, NH				<input checked="" type="checkbox"/>
Rep. Peter Schmidt			Strat. 19		<input checked="" type="checkbox"/>
John Hutton	Concord NH		self		<input checked="" type="checkbox"/>
Rep. Pat Abrami	Stratham, NH		Rockingham 19	<input checked="" type="checkbox"/>	
Rep. Deanne Schmitt	Pembroke/Chickadee		Merx. 20		<input checked="" type="checkbox"/>
Sen. David Pierce			District 5		<input checked="" type="checkbox"/>
Rep. Lars J. Christensen			Hudson 9 Pelham		<input checked="" type="checkbox"/>
Rep. Russen T. Olson			Hills 37	<input checked="" type="checkbox"/>	
JAMES McCAFFREAN			603 424 2892		<input checked="" type="checkbox"/>

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To Register Opinion If Not Speaking

Bill # 271 Date 2.5.13

Committee Health, Human Services and Elderly Affairs

\*\* Please Print All Information \*\*

Name	Address	Phone	Representing	(check one)	
				Pro	Con
Trime Cantors	121 Great Meadow Ridge	603 504 2906	self		X
Marilyn Beaver	21 Hillcrest Dr Rochester	603 856-7517	self		X
Heidi Kroll	214 N Main St Concord	228-1181	AHEP		X
Regina Bindsell	24 Larson Dr Hampstead		Rockingham Co	X	
GWINY SCHWEIDER	25 PARK ST KENNICKER, NH	428-7266	self		X
LUCY EDWARDS	177 OLD WOOD RD WOODBORO	942-7241	SELF		X
Joseph Frazier	36 Sunset Ln, Concord	523-9176	Self	X	
Joe Cicirelli	Stratford NH		SELF		X
DICK POLLOCK	388 DANDYVIEW RD NO. CONWAY		self		X
Rep Tim Parison	40 Old Rindge Rd New Ipswich	878-5001		X	
Fancy Lipman	LRG Healthcare	80 Highland St	Lebanon 03246		X
Natalie Dexaney	(CK'd off wrong box other paper)			X	
Ashley Pratte	Cornerstone Action			X	
Jane Cormier	PO Box 272 Alton	781 5695		X	
Alison Cuomo-Nason	25 Longwood Dr Keene NH	03431 352-2205	M/self	X	X
Jessica Clark			American Vets		X
Carlin A. Rollo			Granite State Progress		X
Jean Chellis	12 Bodger St, Concord NH		self		X
Rep Ken Weyler			Rock 13	X	

Correct

# SIGN UP SHEET

To Register Opinion If Not Speaking

Bill # <sup>NB</sup> 271 Date 2/5/13  
 Committee Health, Human Services and Elderly Affairs

\*\* Please Print All Information \*\*

Name	Address	Phone	Representing	(check one)	
				Pro	Con
Allison Nutting	22 Field, Nashua	603-809-0560	PPNE		X
Will Thomas	27 Margate Dr	Auburn	603-4996		X
Alexa Kale	Henniker	NH	NPCNH		X
Rachel Horton	39 Whittier Rd,	Merrimack, NH	603-262-5467 self		X
Jeff Dickinson	15 Ladybug Lane	Franklin, NH	603-491-2877 GSIL		X
Brian Hawkins	85 Dows Rd	Goffstown	2521894 self		X
Eve Block	30 Auburn St.	Concord	520-549-8621 Self		X
Maggie Fogarty	American Friends Service Committee				X
Marissa Berg	97 Eddy Rd	Manchester	603-281-2815 Moore Center		X
Harriet Charland	68 Kupper Dr	Winchester	603-239-6521 self		X
Natalie Delaney	125 Collins Rd	Warner	603-456-2873 self		X
Kerstin Breidenthal	LSSNE services for New Americans				X
Rep Ed Butler	Hartshorn Ave Carroll				X
Joe Meagher	3 meadowbrook Rd,	Derry	03038 SELF		X
MARK H LINDSLEY	PO Box 2024	HENNIKER, NH	03242		X
Andrew Toland	121-202 English Village Rd	Manchester			X
CLAUDIA FERBER	480 CLINTON ST	CONCORD NH.			X
Steve Shurtleff	11 Vinton Dr.	Penacook NH	03303		X
Jane Armstrong	124 Spruce	New London	03257		X

Fill in ONLY if SPEAKING on Bill

Bill # 271 Date 2/5/2013  
Committee HHS

I support the bill \_\_\_\_\_  
I oppose the bill X  
I have written testimony ✓  
(Number of copies) 22

Time needed to speak: 3-5 minutes

Name Jennifer Frizzell  
Address 18 Low Avenue  
Concord, NH  
Phone \_\_\_\_\_  
Representing Planned Parenthood

Fill in ONLY if SPEAKING on Bill

Bill # 271 Date 2/3/13  
Committee HHS & EA

I support the bill ✓  
I oppose the bill X  
I have written testimony \_\_\_\_\_  
(Number of copies) \_\_\_\_\_

Time needed to speak: 3 mins

Name Alison Cuomo-Nason  
Address 25 Longwood Dr  
Keene NH 03431  
Phone 352-2205  
Representing myself as an  
Emergency Room

Fill in ONLY if SPEAKING on Bill

Bill # 271 Date 2/5/2013  
Committee HHS

I support the bill \_\_\_\_\_  
I oppose the bill X  
I have written testimony X  
(Number of copies) 22

Time needed to speak: 2 min

Name Jillian Dubois  
Address 19 St. Francis Pl.  
Hudson, NH 03051  
Phone 603-724-4047  
Representing Rep. Marcia  
Moody

Fill in ONLY if SPEAKING on Bill

Bill # 271 Date 2/5/12  
Committee HEALTH + HUMAN  
SC

I support the bill \_\_\_\_\_  
I oppose the bill ✓  
I have written testimony \_\_\_\_\_  
(Number of copies) \_\_\_\_\_

Time needed to speak: 3 MIN

Name LIZ KENNETT  
Address 158 HELEN DEARBORN  
WEARE NH  
Phone 459-5333  
Representing AMERICAN DIABETES  
ASSOCIATION, GRANITE  
STATE DIABETES FIXATION

Fill in ONLY if SPEAKING on Bill

Bill # 271 Date 2/5/13

Committee Health, Human Services and Elderly

I support the bill

I oppose the bill

I have written testimony

(Number of copies) 20

Time needed to speak: 2.5 min

Name Karen Blair on behalf of

Merrimack Medical  
Address 12 Robert Ave

Salem NH 03079

Phone 894-4725

Representing herself

she left  
Fill in ONLY if SPEAKING on Bill

Bill # 271 Date 2.5.13

Committee HHS

I support the bill

I oppose the bill

I have written testimony

(Number of copies)

Time needed to speak: 2 min

Name Jaine Contois <sup>on behalf of</sup> Reb

Mackenzie  
Address 7 Glenwood Drive

Claremont NH

Phone 603 542 0268

Representing Reb Mackenzie  
+ Jim Contois

Does not want to speak

Fill in ONLY if SPEAKING on Bill

Bill # 271 Date 2/5/13

Committee HHS

I support the bill

I oppose the bill

I have written testimony

(Number of copies)

Time needed to speak: ///

Name REFR Peter Hanspu

Address 82 Amherst St

Amherst

Phone

Representing Amherst 02

# Hearing Minutes

**HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS**

**PUBLIC HEARING ON HB 271**

**BILL TITLE:** stating that New Hampshire will not accept expanded Medicaid.  
**DATE:** February 5, 2013  
**LOB ROOM:** 205      **Time Public Hearing Called to Order:** 10:00 a.m.  
**Time Adjourned:** 1:45 p.m.

(please circle if present)

**Committee Members:** Reps. J. MacKay, Harding, Donovan, French, J. Tilton, Sherman, Andrews-Ahern, Helmstetter, Ticehurst, Jane Hunt, DiMartino, McMahon, B. Nelson, Schmidt, Emerson, Meaney, Lebrun, Culbert, Martel and Kotowski

**Bill Sponsors:** Rep. W. O'Brien, Hills 5; Rep. Comerford, Rock 33

**TESTIMONY**

\* Use asterisk if written testimony and/or amendments are submitted.

**Rep. W. O'Brien - Sponsor of bill. Is against the Medicaid Expansion. Feels that some of it will be harmful to New Hampshire. Feels it is unaffordable and that Federal Government will not keep their promise to fund the expansion. Private insurance rates will go up. Will put hospitals in more distress.**

**Rep. French asks O'Brien question. "What do you suggest that the uninsured do?"**

**Rep. Comerford - Co-Sponsor.**

**Rep. Sherman asked about - do you have any example of the Federal Government Medicaid System not pay to state? Rep. Comerford said no.**

**Rep. John Hunt - Supports this bill. This is not the time for Medicaid Expansion.**

**Tom Bunnell - N.H. Voices for Health - ACA does not expire after ten years. He opposes this bill. The state can get out of Expansion any time. Medicaid Expansion is good for our State's economy.**

**Alida Millham - Opposes this bill.**

**Paula Rogers from Blue Shield - Anthem - Opposes this bill. "Do not close the door on the Expansion".**

**Pamela Ean - Supports this bill.**

**Sonia Prince - Opposes HB 271.**

**Gale Taylor - Small business owner. We can not afford to pay for insurance anymore. She opposes this bill "Strongly".**



**HB 271 stating that New Hampshire will not accept expanded Medicaid.**

**Page Two**

**Will Thomas - Represents himself. He opposes this bill. Support the Medicaid Expansion.**

**Pam Lessard - Opposes HB 271 "a healthy student is a successful student".**

**Jane Lang - Opposes HB 271. Medicaid is a safety net. Cancer survivor.**

**Mike Lessard - Opposes HB 271.**

**Rep. Marcia Moody - Opposes HB 271.**

**Steve Ahnen, President of N. H. Hospital Association Emergency Room is not the place to receive primary care. Expanding Medicaid is the right thing to do. He opposes this bill. We should not lose this time.**

**Michelle Dickson - MS Society - Opposes HB 271. New Hampshire has time to decide to Expand.**

**Barbara Power, RN - Opposes this bill.**

**Paul Blackford - Opposes HB 271.**

**Ellen Fineburg - Opposes HB 271 on behalf of NH Children's Alliance.**

**Denis Hammond - Opposes this bill. "We should help individuals who cannot afford health insurance to get health insurance.**

**Travis Harker, MD - N. H. Medical Society - Opposes HB 271.**

**Jon O'Donnell - Opposes HB 271.**

**George Manos - N.H. Citizens Alliance - Opposes HB 271.**

**Karen Kelly - Opposes HB 271.**

**Sue Ellen Griffin - Opposes HB 271.**

**Lindsey Dearborn from N. H. Public Health Association - Opposes HB 271.**

**Peter Eldridge - Opposes HB 271.**

**Helen Maynard - Supports HB 271.**

**Kristine Stoddard - Opposes HB 271.**

**Merrienne McDonald - Opposes HB 271.**

**Ken Norton - NAMI - Opposes HB 271.**

**HB 271 stating that New Hampshire will not accept expanded Medicaid.**

**Page Three**

**Deb Fournier – from NH Fiscal Policy Institute – Opposes HB 271. 58,000 more people will be covered.**

**Doris Blanchard – Opposes HB 271.**

**Jennifer Bertrand – Opposes HB 271. She is on the NH Council on Developmental Disabilities.**

**John Romino – Opposes HB 271.**

**Valerie Ogden - Supports HB 271.**

**Judith Stadtman – Opposes HB 271.**

**Joan Crimlisk – Opposes HB 271.**

**Rev. John Gregory Davis – Spoke on behalf of Melissa Young Wiani, Concord NHCA Volunteer.**

**R. Kehlers – Spoke on behalf of Mary Welch. Oppose HB 271.**

**Mary Ellen Schule – Opposes HB 271.**

**Amy Pepin from New Futures – Opposes HB 271.**

**Jaelyn DelGrindice - Spoke for Bernadette Cameron, Nurse, Deerfield – Opposes HB 271.**

**Alexa Kade – Spoke on behalf of Joan Jacobs, Portsmouth- Opposes HB 271.**

**Doug McNutt – AARP – Representing Medical Care Advisory Committee – Opposes HB 271**

**Sherri Harden –AARP – Opposes HB 271.**

**AARP – Supports the Medicaid Expansion.**

**Liz Kennett from American Diabetes Association - Opposes HB 271.**

**Respectfully Submitted:**

A handwritten signature in cursive script, appearing to read "Lisa DiMartino".

**Rep. Lisa DiMartino, Clerk**

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

PUBLIC HEARING ON HB 271

BILL TITLE: stating that New Hampshire will not accept expanded Medicaid.

DATE: February 5, 2013

LOB ROOM: 205

Time Public Hearing Called to Order:

10:00 AM

Time Adjourned:

1:45 PM

(please circle if present)

Committee Members: Reps. J. MacKay, Harding, Donovan, French, J. Tilton, Sherman, Andrews, Ahern, Helmstetter, Ticehurst, Jane Hunt, DiMartino, McMahon, B. Nelson, S. Schmidt, Emerson, Meaney, Lebrun, Culbert, Martel and Kotowski.

Bill Sponsors: Rep. W. O'Brien, Hills 5; Rep. Comerford, Rock 33

TESTIMONY

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HB 271 - AS INTRODUCED

2013 SESSION

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Rep trench asks O'Brien question "what do you suggest that the uninsured do"? ~~gets~~

Rep Comerford - Co-Sponsor - Rep Sherman asked about do you have any example of the federal gov't Medicaid system not pay to state. Comerford said no

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STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Thirteen

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3 XXII. The commissioner shall not accept any federal moneys or in any way expand Medicaid  
4 pursuant to the Patient Protection and Affordable Care Act of 2009, Public Law 111-148, as amended  
5 by the Health Care and Education Reconciliation Act of 2010, Public Law 111-152.

6 2 Effective Date. This act shall take effect 60 days after its passage.

Tom Burnell NH ~~family~~ Voices <sup>For</sup> Health - ACA does not expire after 10 years - He opposes this bill. The state can get out of Expansion <sup>anytime</sup> Medicaid expansion is good for our state's economy.

Alicia Millham opposes this bill ~~strongly~~

~~not an~~ Paula Rogers <sup>represent</sup> from Blue Cross - Anthem - <sup>opposes</sup> ~~fact~~

this bill - ~~the expansion~~ "do not close the door on the expansion"

Parula Egan supports this bill

Sonia Prince opposes HB 271

<sup>Gate</sup> ~~Mad~~ Taylor - small business owner - we can not afford to pay for insurance anymore she ~~is~~ opposes this bill "strongly"

Will Thomas - represents ~~to~~ himself - he opposes

~~opposed~~ this bill - ~~they~~ support the Medicaid expansion

Pam Lissard opposes HB 271 "a healthy student is a successful student"

Jane Lang opposes HB 271 - Medicaid is a safety net - cancer survivor -

Mike Lessorard opposes HB271 -

Rep Marcia Moody - opposes HB271

Steve Ahmen president of NH Hospital Assoc.

Hospital Emer. room is the not the place to receive primary care. Expanding Medicaid is the right thing to do. He opposes this bill. we should not lose this ~~opportunity~~ time

Nichelle Dickson - MS society - opposes HB 271 - NH has time to decide to Expand

Barbara Power<sup>RN</sup> - opposes this bill

Paul Blackford opposes HB271 -

Ellen Foubing opposes HB271 on behalf on NH children.

George Denis ~~Hammond~~ Hammond opposes this bill - 'we should help individuals who cannot afford health insurance to get health insurance.

NH Medical Society

Travis Narkus M D opposes HB271

JON O'Donnell opposes HB271

George Maros - NH Citizens Alliance opposes HB271

Karen Kelly opposes HB271

Sue Ellen Guffin opposes HB271

Lindsay Dearborn from NH Public Health Assoc opposes HB271

Peter Eldredge opposes HB271

Helen Maynard support HB271

Kristine Stoddard opposes HB271

Merrianne McDonald opposes HB271

Ken Norton - NAMI - Oppose HB271

Kurt ~~the~~ : from NH <sup>Fiscal</sup> Policy ~~Center~~ Institute  
Deb Fournier  
Opposes HB 271 - 58,000 more  
people will be covered.

Doris ~~Blanchard~~ opposes HB 271  
Blanchard

Jennifer Bertrand opposes HB 271  
She is on the NH Council on  
Developmental Disabilities.

John Romano opposes HB 271

Valerie ~~Ottman~~ <sup>Ogden</sup> - supports HB 271

Judith Stadtman opposes HB 271

Joan Crumlik opposes HB 271

Rev John Gregory Davis

Spoke on behalf of Melissa  
Young Wiers

Rhellens <sup>Spoke on behalf of</sup> Mary Welch - ~~opposes~~ opposes  
HB 271

Mary Ellen Schull opposes HB 271

Amy Pepin from New Futures  
opposes 271

Jacklyn Del Crundice  
Spoke for Bernadette Cameron opposes HB 271

Alexa Kadi → Joan Jacobs opposes HB 271

Doug McWutt - AARP - opposes  
Medical Care Advisory Committee  
HB 271  
opposes HB 271.

Sherri Warden AARP - opposes HB 271  
AARP supports the Medical Expansion.





# Testimony



**HOUSE HHS COMMITTEE**

**Public Hearing on HB 271  
February 5, 2013**

**NH VOICES for HEALTH TESTIMONY**

Mister Chairman, Madam Vice Chair, members of the Committee: Good morning, and thank you for this opportunity to provide testimony on House Bill 271, which proposes to prohibit the Medicaid expansion option for New Hampshire.

My name is Tom Bunnell, and I am a Policy Specialist with NH Voices for Health, also known as "Voices." Voices is a statewide network of organizations and individuals allied in their commitment to affordable health care and coverage for the residents of NH, representing more than 380,000 members, consumers, and constituents across our state.

I offer testimony today, on Voices behalf, in strong and unequivocal opposition to HB 271.

***The Medicaid Expansion option is good for NH's health***

The Medicaid expansion would offer coverage to *all* adults in NH - between the ages of 19 and 65 - who are not currently eligible for Medicaid and whose incomes are up to 138% of the Federal Poverty Level. (NOTE: NH's current Medicaid eligibility for low-income adults is restricted to categories: parents on FANF, pregnant women, and people with disabilities.)

138% of Poverty is \$15,400 a year for an individual person, and just under \$32,000 a year for a family of four. So we're talking about the lowest-income and most vulnerable adults in NH communities who *don't* have access to quality affordable health insurance coverage.

According to the Lewin Group, Medicaid expansion would enable *58,000* hard-working NH residents who are lower income to have affordable, reliable health coverage and the economic security that comes with it.

Health insurance coverage has a beneficial impact on the lives, health outcomes, economic security, productivity, and success of working individuals, families, and communities.

Working people who are covered are more productive and miss fewer days at work due to illness.

Children benefit from parents who are covered and healthy. Parents who are covered are in better health to care for their families and take part in communities.

When covered, NH residents get check-ups and preventive services, necessary follow-up care, and cost-effective treatment of chronic illness, instead of accessing delayed, inefficient, and much more expensive care in emergency rooms.

The Medicaid expansion will result in a healthier NH workforce, healthier individuals and families, and healthier and more productive communities. But that's not all. . .

***Medicaid Expansion is good for NH's economy, and for our state budget***

The Lewin Group says that Medicaid expansion would bring \$422 million in federal funds to NH during the upcoming State fiscal biennium, while the *net* cost to our State during that same two-year time period would be *zero* general funds. *Zero*.

Medicaid expansion would reduce the uncompensated care delivered by NH's hospitals, doctors, and community health care providers.

As a result, Medicaid expansion also would relieve the pressure on health care providers and health insurance companies to shift these uncompensated care costs onto businesses, and onto all of us who pay the cost of health insurance premiums.

Dollars for the Medicaid expansion would create jobs in NH, and this coverage opportunity would be a direct help to businesses that cannot now afford to cover their hard-working employees that are lower income.

Medicaid expansion is good for working families, for health care providers, for NH businesses, and for our state's economy.

***HB 271 prohibits the Medicaid Expansion option, and is simply the wrong choice, for our State***

If NH rejects the Medicaid expansion opportunity, working people who are lower income in NH will be left as the *only* population in our state with *no* available, affordable health coverage option come 2014.

Without health coverage, NH residents will rely on resources such as hospital emergency rooms for medical care. That's the most inefficient and costly and nonsensical way to deliver medical care. No one wants that.

If NH rejects the Medicaid expansion, our state will lose out on substantial and ongoing federal funds for our economy that would benefit all of us – individuals, families, businesses, and communities.

If NH rejects the Medicaid expansion, our state's health care providers will lose out on this meaningful opportunity to lower their uncompensated care costs.

As a result, if NH rejects the Medicaid expansion, our state's businesses and all of us who pay the cost of private health insurance premiums will risk increasing health insurance premium costs from health care cost-shifting by providers and health insurers.

If NH rejects the Medicaid expansion, we will lose out on this helpful and sensible chance for increased health system stability, for improved individual and family health, for a healthier workforce, and for increased economic security.

And finally, if NH rejects the Medicaid expansion, NH taxpayers – *all of us* – will be paying for and subsidizing the Medicaid expansion in other states all over the country without bringing *any* of these important benefits back home.

We thank you for your kind consideration of these compelling concerns. We ask that you please support the Medicaid expansion, and say a clear and decisive "no" to House Bill 271.

Voices is happy to be a resource to you as you engage in deliberations concerning this and other matters moving forward, and I'd be happy to answer any questions that you may have. Thank you.

File Copy - H B 271

Pam Lessard  
62 Glenwood Avenue  
Dover, New Hampshire 03820  
February 5, 2013

**Testimony to vote "No" on House Bill 271 which rejects Medicaid Expansion for New Hampshire**

Good Morning. Thank you, Chairman, for allowing me time to speak today.

I am here today to ask you to vote "No" on House Bill 271 which rejects Medicaid Expansion for New Hampshire. I am a parent of a handicapped young adult son, public school teacher, a member of the Religious Society of Friends in Dover, NH, and a lifelong active voter. I have taken a personal day from work today to be here to represent the students and the underemployed paraprofessionals of my school district of Farmington, and also on behalf of the hard-working underemployed and low-income citizens of Strafford County and of the State of New Hampshire. I believe strongly that all citizens are entitled to adequate, affordable health care. But in the midst of the depressed economy, an increasing number of our citizens remain uninsured.

I believe we now have a unique opportunity to help struggling families and individuals obtain affordable health care, using our own federal tax money to leverage the cost for 58,000 of our uninsured, more than 1,000 of whom live in the Strafford County where I live and work. Families, individuals, and the economy all benefit from healthcare coverage, and children in particular do better in school when they are relieved from chronic and acute illness, and have low-cost access to preventive care.

As a public school teacher, I have taught students with all manner of untreated illnesses, including abscessed teeth, a student who came to school spitting up blood, and one student who had a bee embedded in his ear for three weeks, whose grandfather had attempted to dig it out himself rather than access medical treatment he couldn't afford. I'm sure you can understand that the implications for these students of being uninsured reach beyond basic health considerations.

When I came to New Hampshire 40 years ago, my former husband was at that time an idealistic young Democratic State Representative from Dover, who was swimming upstream against the current of the conservative Republican influence which was in power in the legislature at that time. As a Democrat, he has spent a lifetime reaching across the aisle to work productively with conservative and moderate representatives of both parties to create a state and county governments that respond to the needs and concerns of the people who elected them. The current drive to refuse affordable medical care to the struggling working people and unemployed of our State in no way reflects the spirit of the hard legislative work of past years, or the reasonable, moderate, compassionate concerns of the people of the State of New Hampshire. Our State and our legislature can ill afford to refuse the Federal initiative to expand Medicaid to those most in need. Please vote "No" on House Bill 271. Thank you.

Pam Lessard, Dover, NH

Having worked my entire life I always have had health insurance coverage through my employers, but in December 2011 at the age of 63, I was left without a job and no Health Insurance. My name is Jane Lang of Salem, NH this is my story.

### Who knew Cancer would make an entrance?

With no access to affordable health care my doctors visits were far and few between and over the counter remedies were the solution.

On January 6, 2012 I was diagnosed with stage III Vulva Cancer and a tumor more than 4 centimeters growing in the area contaminated with cancer in my vulva and groin area.

At 63 even though I lost my job I was able to start receiving social security, but not the Medicare benefits until 65. Living on mine and my husband's social security, to cover the medical bills the surgery, radiation and chemotherapy I would need, applying for NH State Medicaid was my only choice. I took the initiative I needed to put together the necessary paperwork to apply (thanks to the help of service link in Salem a resource organization.)

No one knows ones destiny in life, but not knowing there is a safety net there if needed is somewhat an uneasy feeling. I knew I had cancer and needed surgery immediately.

On Jan 11 my husband and I arrived at DHSS in Nashua where I applied for the medical help of Medicaid in NH. The process was going to take anywhere from three to six months to be approved. Who knows when diagnosed with cancer how long you have and the thought of worrying whether or not you are accepted is not a priority to deal with when cancer enters your life.

With Medicaid expansion many uninsured will have the ability to have the routine doctor appointments and hopefully catch the cancer before it reaches the level I had and not deal with the anxieties of worrying whether or not I will have the coverage.

Not sure if cancer has entered into any of your lives but I can tell you this it's a life changing experience. I have had to advocate so strongly for myself to get the medical assistance I needed to cover my surgery and treatments that followed. I am here today as a cancer survivor to please ask you to accept the Medicaid Expansion dollars so others will have a chance to get the medical assistance they need before it's too late. Having the advantage of regular doctor visits through the Medicaid Expansion program should be a right not a privilege. Living in such a powerful country and having our healthcare less available to the most vulnerable is not right.

My challenges and lessons I have learned from this experience ~~can~~ <sup>has</sup> only make me stronger to help advocate for another person in this same situation. Health Care should be a Right Not a Privilege.

Please this is not about the political parties it's about the people, people like you, me our children and grand children. We need an affordable healthcare system that will accommodate us all..Medicaid Expansion is one way..please open the road to those that need the direction to a sustainable healthcare program.

Thank you

Testimony Submitted to  
House Health, Human Services, and Elderly Affairs Committee  
Hearing on House Bill 271

Tuesday, February 5, 2013

Support for Medicaid Expansion as outlined in the Affordable Care Act would be very beneficial to New Hampshire. It will reduce the uninsured by a significant amount. It will also reduce the uncompensated costs for providers. These costs are currently being passed on to those who already have insurance in the form of higher premiums.

The best thing about Expanded Medicaid, besides including 58,000 NH residents that it will now be eligible for coverage, is that the Federal government will pay 100% of the cost for the first three years and 90% of the cost after that.

Representative Marcia Moody  
Rockingham County District 17  
serving Newmarket/Newfields



**Testimony of Steve Ahnen  
President, New Hampshire Hospital Association on  
HB 271, stating that New Hampshire will not accept expanded Medicaid  
House Health, Human Services and Elderly Affairs Committee  
February 5, 2013**

Good morning, Chairman MacKay and members of the committee. My name is Steve Ahnen and I am president of the New Hampshire Hospital Association, representing 23 of our state's community hospitals and all of our state's specialty and rehabilitation hospitals.

Right now, somewhere in a hospital emergency room here in the State of New Hampshire, there is an uninsured patient who would be eligible for Medicaid coverage under the federal health care reform bill, and who is being cared for by one of the thousands of dedicated caregivers who work in New Hampshire's hospitals and health care systems. That patient is there because they are in crisis...they had no place else to turn for their care. They don't have the same abilities as you and I do to see a doctor to get routine care, to help manage their chronic conditions or to care for them when they are ill.

No, they are there because they were unable to manage those conditions and now they are in crisis and have turned to the only place they could...the hospital emergency room. Our hospitals serve all of their patients with great compassion and great care, and will continue to do so. But we should be encouraging people to get the right care, at the right time and in the right place.

A hospital emergency room is not the place to receive primary care, but unfortunately, an increasing number of our families, friends and neighbors here in the Granite State have been forced to turn to their local hospital emergency rooms when they had no place else to turn. Over the past four years, hospitals have seen a dramatic increase in the amount of uncompensated care they provide...nearly a 40% increase since 2008 to \$550 million in care provided in 2011 to those who had no insurance or who could not pay their portion of their medical bill.

That is simply not sustainable.

Expanding eligibility under the Medicaid program is simply the right thing to do. Studies show that those who have insurance have regular access to primary and preventive health care services and are healthier than those who do not. There are currently over 130,000 people in New Hampshire who lack health insurance coverage and this will reduce those numbers dramatically and likewise reduce the number of patients who are seeking care in hospital emergency rooms for things that can and should be treated in physician's offices, clinics and other more appropriate settings.



Hospitals in New Hampshire have been challenging the inadequate financing of our current Medicaid program. Whether it's the lowest reimbursement of any State Medicaid program in the country, a DSH program that does not provide uncompensated care payments to our state's 13 largest hospitals, or a Medicaid managed care program that is still languishing, we have to fix those problems. And we look forward to working with Governor Hassan, Commissioner Toumpas and the Legislature to find innovative approaches to solving those problems. But we should not lose this opportunity to expand coverage to more people under the Medicaid program with the federal government picking up the vast majority of those costs.

For many in our field, increasing access to health insurance for those who do not have it has been a lifetime's work. Prior to the adoption of the Affordable Care Act, it was nearly 20 years ago that we had the last real national conversation about increasing coverage. If we don't act now, I am afraid that it could be another 20 years, if not a generation, before we are able to address this important national question again. Let us not lose this opportunity. Now is the time to act.

Mr. Chairman, for all of these reasons and more, the Board of Trustees of the New Hampshire Hospital Association recently approved a policy statement in support of expanding Medicaid in New Hampshire under the Patient Protection and Affordable Care Act. Therefore, we oppose HB 271 and urge this committee to reject it.

HB271 only copy

**Comments to be Made to the New Hampshire House Health, Human Services  
and Elderly Affairs Committee February 5, 2013**

**Re: HB 271**

Representatives O'Brien and Comerford, and other Committee members,

Thank you for giving me the opportunity to comment on House Bill 271.

My name is Denis B. Hammond, and I am a physician who has practiced Hematology and Oncology in the State of New Hampshire for the past 34 years. Though I recently stopped seeing patients, I have remained very concerned about cancer care and medicine in general both in New Hampshire and through-out the United States. I am on the Board of Directors of the Northern New England Clinical Oncology Society, and I am the Chairman of the American Society of Clinical Oncology Government Relations Committee. The American Society of Clinical Oncology with its 30,000 members is the largest organization of cancer care professionals in the world.

HB 271 is "An Act stating that New Hampshire will not accept expanded Medicaid" funding. I oppose this Bill for several reasons.

First it is clear that individuals without health insurance are less likely to seek health care for prevention or when they first have symptoms. They are likely to wait till a health crisis occurs, and then to utilize expensive and sometimes futile treatments.

Secondly I believe that improving the physical health of people improves the general quality of life for all. Healthy people can work and contribute to society. Sick people cannot. It is therefore in all of our interests to improve the health of the general public.

Thirdly I believe it is our moral responsibility to help our neighbors, and in this case that means helping individuals who cannot afford health insurance to get health insurance.

Lastly, expert opinion has demonstrated that not only is the acceptance of expanded Medicaid funding good public policy, it is also sound fiscal policy for the State of New Hampshire. The highly respected and independent Lewin Health Care Group has analyzed the financial implications of accepting or rejecting the offer of the Federal Government to expand Medicaid in New Hampshire. The bottom line of their analysis is that over the six year period from 2014 through 2020 the State of New Hampshire would gain \$ **1.9 billion** in Federal Funds net of any additional expense. Additionally the Lewin Group report states that New Hampshire would realize additional savings in other areas such as for the Department of Corrections.

I would like to relate a brief story about one of my former patients. In about 2009 I first met patient A.B. At that time she was about 40 years old and had two teenage sons. She was divorced and owned her own home. Her brother lived with her to help pay her expenses. She

had worked in a factory for some years, but had lost that job several years before I met her. Subsequently to losing her factory job, she worked at a Wal-Mart part time. She had no health insurance.

For several years prior to the time that I met her, she had been having rectal pain and bleeding. She thought she had hemorrhoids. As time went by the pain got so bad that eventually she could not sit down. She had trouble sleeping and eating. She had grown weaker and had lost weight.

When she could no longer work or bear her pain, she came to the emergency room at a hospital where is practiced. She required urgent hospital admission to control her pain and treat her debilitation. She was very anemic and required blood transfusions. She was found to have a large rectal cancer that was nearly obstructing her bowel. She underwent emergency surgery to prevent bowel obstruction. CAT Scans and other studies showed that the cancer had not spread to other organs. Mrs. B. required chemotherapy and radiation therapy to shrink the cancer before she could have the surgery that she needed to try to rid her of her cancer .

Eventually Mrs. B. did have her cancer removed, though a very large operation was required. The cancer had spread to lymph nodes, but no other evidence of cancer was found. Further chemotherapy after her surgery was necessary to try to insure that the cancer would not return.

Throughout Mrs. B.'s treatment the hospital and the doctors struggled to help Mrs. B. keep her life together so that she could get the care she needed. Eventually she did qualify for Medicaid. When I last saw her this past summer she seemed to be cancer free, and had returned to work part time.

While one cannot know for sure, if this lady had had health insurance she probably would not have let things get out of control before sought medical attention. If her disease had been treated at an earlier stage, the complexity and cost of her treatment would have been less. She would not have been out of work for many months, and she would not have had to get financial assistance from her town, the hospital and her doctors. Overall her chances of cure would have been much better than they are now.

**“An ounce of prevention would have been worth a pound of cure.”**

In summary, accepting expanded Medicaid as a component of the Patient Protection and Affordable Care is good for the physical and financial health of the citizens of New Hampshire. I would urge this Committee and the General Court of New Hampshire to reject HB 271.

Thanks you for your attention,

Denis B. Hammond, MD

NH House  
Health, Human Services and Elderly Affairs Committee  
Testimony on HB 271  
February 5, 2013

Barbara Power, RN  
Deering, New Hampshire

Must we, in NH, continue our race to the bottom? HB 271 clearly keeps us on this path.

The numbers have been presented. The fiscal impact has been analyzed and vetted.

There are important logical conclusions to be made if HB 271 is passed:

1. Many in New Hampshire's adult population will continue to have limited, if any, access to healthcare.
2. This same population has a high percentage of citizens who work hard, but at wages which are too low to obtain decent healthcare coverage.
3. These same hardworking, uninsured, citizens are nevertheless earning their incomes in jobs that vastly improve the quality of life for other Granite Staters. They are homecare attendants and childcare workers; they fill the ranks of service workers in our tourist and sport venues. *And they cannot access healthcare without expanded Medicaid.*
4. This bill will drop assistance from many children who once qualified when they age out of our Children's Program. Loss of health care will affect them even as they face barriers to gainful employment or robust healthcare options.
5. Our public health in the state will be adversely affected as long as our adult population is hindered by lack of health care. This is a policy fact. This is a statistical fact. This is a public health fact.
6. We have a growing number of significant health care problems among our adult population in NH. I see this on a daily basis as a nurse on the front lines of care. I can testify to the fact that young adults in NH are struggling – and this heartless bill increases the level of suffering that legislators may be blind to. *For example: trauma cases with no resources for follow-up care, cancer cases which go undetected for too long, serious eye infections which are not treated.*

*In one of NH's cities I once took care of a young adult construction worker who had decided that suicide was a better option than the anguish he was enduring while trying to obtain insulin for treatment of juvenile diabetes. He had no insurance and no hope. He was a productive worker trying every day to survive. We had no viable options to give this young man for the future of his health care in NH. This bill serves only to expand this tragic scenario to others in the Granite State.*

7. The NH economy and our NH employment statistics belie the fact that our economic underpinning is dependent on low-wage jobs, with the exception of a few sectors that are willing to pay living wages and contribute to healthcare. *But these industries in NH are reducing their full-time employees and their health coverage.*
8. The NH House has an opportunity to take advantage of considerable federal funding for NH Medicaid and it is immoral to put our citizenry and our economy at risk by not doing so.

Medicaid Expansion

MY NAME IS  
PAUL STARKFOLD

I am the sole proprietor of a Massage Therapy business serving the Lakes Region of New Hampshire. I strongly believe that Medicaid is a necessity, providing support to those not making enough to afford medical coverage on their own.

NH taxpayers now send more dollars to Washington than we get back, and this Medicaid coverage opportunity gives us the chance to change that dynamic and get back more of our fair share.

Medicaid expansion would reduce the uncompensated care provided by NH's hospitals, doctors, and community health care providers. These costs are being borne by small business owners and those who DO have health insurance coverage. By implementing an expansion for the Medicaid program, money would become available for those ~~individuals~~ and business' to invest in the future while those who are currently uninsured can invest in their health and help to promote those businesses. own

Where they  
Go When they can no longer wait. Besides that, people who gain health coverage are more productive in an employment context and miss fewer days at work benefitting employers and the economy overall.

This Medicaid coverage solution is good for working families, good for health care providers, good for NH's business community and good for NH's economy. The infusion of these additional dollars into NH's economy and the availability of this new coverage opportunity will create jobs, increase employee income, increase consumer spending and have enormous benefit in NH communities.

Please say "yes" to the Medicaid Expansion.



**Children's Alliance**  
of New Hampshire  

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*Raising our Voices for Children*

February 5, 2013

Dear Chairman MacKay and members of the Committee,

My name is Ellen Fineberg and I am the Executive Director of the Children's Alliance of New Hampshire. We are an independent research-based advocacy organization that promotes policies and practices that enable all children to lead healthy and productive lives and reach their full potential. We advocate for programs and policy changes that improve a child's education, economic security, safety and health. I am here to testify against HB 271 on behalf of New Hampshire's children, in particular the 47,000 children living in low-income working families in the state.

These children, of course, already have access to health care coverage through Medicaid and the state's CHIP program so you may be wondering what Medicaid expansion has to do with children. The fact is research tells us that the single best way to ensure that kids have the best access to the coverage and care they need is by covering their parents. The opportunity to expand Medicaid means an additional 58,000 New Hampshire residents would be covered and a significant number of those are parents of children under the age of 19.

Health care and particularly early screenings for children are essential to healthy development. It ensures they stay strong and ready to learn as they are growing up. We know that when families do not have health insurance or are underinsured, they are much less likely to access primary care services and wellness screenings, which often leads to deferred diagnoses and intervention of both routine and significant childhood illness and disorders. These delays not only run the risk of greater adverse outcomes for children, but they can further escalate the costs of longer term treatment for more seriously ill children.

The Children's Alliance is not alone in understanding the importance of Medicaid expansion to children. This issue was brought to the New Hampshire Child Advocacy Network (NH CAN), a statewide collaboration of child-focused organizations. The NH CAN Partners selected this issue as one of the key Priorities for New Hampshire's children in this legislative session.

**Medicaid expansion is good for working families.** Medical expenses can be one of the biggest drains on families' finances, often leaving families struggling to cover the cost of basic needs. Research has found that reliable health coverage not only has a beneficial impact on health outcomes, but also on the economic security, productivity and overall success of working families. If New Hampshire says "no" to the Medicaid expansion, low-income working people will be left in a "coverage canyon" and become the only population with no available, affordable health coverage option come 2014.

Research shows that insurance coverage for parents means that more eligible children would also be enrolled and to stay enrolled in coverage. Children would have better access to care, and be more likely to receive preventive care and other health-related services. For all of these reasons, and because parents' health also affects children's health, the Medicaid expansion would enhance the well-being of children and families. **The Children's Alliance urges you to reject HB 271.**



*"Improving Health, Preventing Disease, Reducing Costs for All"*

**TESTIMONY ON HB 271**

An Act relative to prohibiting Medicaid expansion in New Hampshire.

Presented before Committee on Health, Human Services and Elderly Affairs

February 5, 2013

Good morning Chairman MacKay, committee members and guests:

The New Hampshire Public Health Association stands in opposition to HB 271, which would prohibit NH from taking advantage of the Medicaid expansion opportunity under the Affordable Care Act.

The NH Public Health Association supports universal access to high quality, evidence-based health care at an affordable cost. Our position statement, *Access to Appropriate Health Care and Social Services*, found at <http://www.nhpha.org/advocacy/policy-positions>, lists Association priorities that can be met by robust public and private health insurance programs working in partnership. These include access to a medical home to provide a continuum of coordinated care, coverage for evidence-based health promotion and disease prevention services, affordable health insurance co-pays and deductibles, and reduced disparities in health outcomes. If implemented, these priorities can help eliminate barriers to care and over time contribute to both better health outcomes and reduced costs.

From 2000 on, New Hampshire Medicaid and the Department of Health and Human Services made a concerted effort to increase the number of Medicaid-eligible children enrolled in the program. They did this understanding the relationships between increased access to care, better health outcomes and reduced costs. Now New Hampshire has the opportunity to add 58,000 more lower-income people to Medicaid, IF we allow Medicaid expansion under the Affordable Care Act. In addition to the benefit to individual health outcomes, however, the NH economy stands to benefit as well: \* \$422 million in Federal funds over two years and \$2.5 billion over the first 7 years versus \$18.4 million in costs to the NH budget, \* reductions in uncompensated hospital care that otherwise hurts hospitals and is cost-shifted to individual and employer health plan purchasers and payers, \* improved capacity for employees of small businesses to have health insurance.

The NH Public Health Association considers Medicaid expansion a WIN-WIN for New Hampshire; we urge the Committee to reject HB 271.

The Association thanks the Committee for the opportunity to provide testimony today on HB 271. We are available to answer the Committee's questions or offer other assistance relative to HB 271.

## Testimony on HB 271

Mr. /Madam Chairman; Thank you for taking the time to listen to us today.

I am in full support of New Hampshire expanding Medicaid under the Affordable Care Act. I honestly believe that benefits that our state will reap clearly outweigh any negatives.

### Among the benefits I see are:

1. Many people will be able to have health insurance who could, in the past never have been able to afford it.
2. Less people will have to camp out in hospital emergency rooms waiting to see a doctor then the hospital having to eat the cost.
3. More and better health care means increased employment for medical and associated skills which in turn will increase sales in stores and that in turn will cause store owners to hire more people to meet the demand.
4. There is hardly a dollar spent in New Hampshire that is not taxed at some point so New Hampshire's general fund will increase allowing us to improve our roads and bridges. Aid to education may also be addressed where we may have better schools that can teach our children to better gain skills they will need to become more productive citizens.

The benefit list goes on and on but I think I have made my point. I implore you to accept the offering of better health care that is being offered to us and defeat House Bill 271. If you don't I don't think we will ever have this chance again.

Thank you for considering this.

Peter J. Eldredge  
27 Davis Street  
Somersworth, NH 03878



File Copy HBA71

525 Clinton Street  
Bow, NH 03304  
Voice: 603-228-2830  
Fax: 603-228-2464

BI-STATE PRIMARY CARE ASSOCIATION



SERVING VERMONT & NEW HAMPSHIRE

[www.bistatepca.org](http://www.bistatepca.org)

61 Elm Street  
Montpelier, VT 05602  
Voice: 802-229-0002  
Fax: 802-223-2336

**Bi-State Primary Care Association Opposes HB 271  
February 5, 2013**

My name is Kristine Stoddard and I am the Director of New Hampshire Public Policy for Bi-State Primary Care Association and a licensed attorney in New Hampshire.

Bi-State is a non-profit organization that promotes access to effective and affordable primary care and preventive services for all. Bi-State works with federal, state, and regional health policy organizations, foundations, and payers to develop strategies, policies, and programs that provide and support community-based primary health care services in medically underserved areas.

Bi-State members include Federally Qualified Health Centers, Community Health Centers, Rural Health Clinics, private and hospital-supported primary care practices, Community Action Programs, Health Care for the Homeless, Area Health Education Centers, and a Health Centered Control Network.

**Please vote HB 271 "Inexpedient to Legislate."** Bi-State Primary Care Association opposes HB 271, which would prohibit the State from expanding Medicaid to include the most vulnerable citizens in our state. This bill will not only inhibit economic growth in New Hampshire, but it will also prohibit low and moderate income families across the state from accessing vital coverage.

**Medicaid expansion will reduce the number of uninsured New Hampshire residents by over 99,000.** By 2014, over 170,000 New Hampshire residents will be uninsured. If the state chooses to expand Medicaid, the number of uninsured will be reduced by 99,000. Medicaid expansion means that the waitress who pours your coffee will not let her next cough develop into pneumonia before she seeks treatment simply because she cannot afford the emergency room bill.

**A greater number of Community Health Center patients will be insured.** New Hampshire's 16 CHCs provide cost-effective, high-quality, comprehensive care to 125,000 people. They provide a medical home to you, your family, and your neighbors. Over 35,000 of the patients treated by CHCs are uninsured. Over 71% of the patients treated at CHCs are living at or below 150% of the FPL. Medicaid expansion will provide coverage to people living at or below 138% of the FPL. The annual income for an individual living at 138% is approximately \$15,000, far below NH's livable wage.

**Please vote HB 271 "Inexpedient to Legislate" because it fails to move New Hampshire forward.** Medicaid expansion will move New Hampshire forward by reducing the number of uninsured in our State, resulting in a healthier, more productive workforce, and a better home for you, your family, and every citizen in New Hampshire.

Respectfully submitted,

Kristine Stoddard, Esq.  
Director of NH Public Policy  
603-228-2830 ext. 113  
[kstoddard@bistatepca.org](mailto:kstoddard@bistatepca.org)

February 4, 2013

Merrienne & William McDonald  
12 Robert Ave.  
Salem, NH 03079  
(603)894-4725

Dear Chairman MacKay & members of the Health, Human Services & Elderly Affairs Committee,

My name is Merrienne McDonald and I reside in Salem. Rejecting the Medicaid expansion is wrong for our state. Please say "no" to HB 271! My husband and I are grandparents raising two remarkable grandchildren that experience a disability under State Legal Guardianship. William my husband is 80 and I am 67. We have cared for Chris on and off for most of his life and Matt since age 8. Matt was severely abused and spent 8 long years in state and out of state residential facilities to help him to come home. He now attends the Merrimack Special Education Collaborative in Chelmsford, MA and is doing quite well there.

I also have two other grandsons' born with a metabolic disorder called PKU. PKU is short for "phenylketonuria." People with PKU can't process one of the amino acids found in many foods. If PKU is not treated it can cause severe intellectual disabilities. Even if PKU is treated children and adults experience many difficulties including intellectual and behavior challenges. These young folks cannot get help currently from Medicaid to cover the necessary and extremely expensive formula and food items they need to live. One grandson was just tested and is losing his hair as he cannot afford the formula and it is not covered by his insurance.

These young folks and their families cannot get health insurance as this is a born with pre-existing condition. They live in New Hampshire and under the Affordable Care Act they will be able to get insurance and access the special formula and food they need so the state will not end up taking care of them as they age which would be much more costly.

Our caregivers or direct support providers (DSPs) who support our grandsons during part of their day work for organizations like Lifeshare, Living Innovations, Life Visions, and Work Opportunities and do not get paid nearly what they should given the skilled and valuable services they deliver. They provide the necessary daily supports in the community and maintain the important skills they have learned in school which is paid for in part by Medicaid. These folks are hard working minimum wage employees. They are dedicated workers performing critical and sometimes challenging services in our local communities and cannot afford healthcare today. The Medicaid Expansion will enable 58,000 hard-working NH residents who are lower income to have affordable, reliable health coverage and the economic security that comes with it.



No one knows more than us what this means for me, my family, low income families; caregivers to the disabled and the older generation just to name a few. Health insurance coverage has a beneficial impact on the lives, health outcomes, economic security, productivity, and success of working individuals, families, and communities.

If NH rejects the Medicaid expansion, we will lose out on this helpful and sensible chance for increased health system stability, for improved individual and family health, for a healthier workforce, and for increased economic security. As elected officials we are counting on you to listen to the needs of families and organizations across the state. You were elected **by us to represent us** and I am respectfully asking you to **vote NO to HB 271**.

Respectfully submitted,

Merrienne McDonald



National Alliance on Mental Illness

# NAMI New Hampshire

February 4, 2013

Honorable James MacKay  
Health and Human Services Committee  
Legislative Office Building  
State St.  
Concord, NH 03301

Mr. Chairman and members of the Committee, thank you for the opportunity to testify today. My name is Kenneth Norton and I am the Executive Director of NAMI NH the National Alliance On Mental Illness. I am here today to speak in opposition to HB 271 on behalf NAMI NH.

The National Institute on Health estimates that one in five people have mental illness. Despite the availability of effective treatment, former US Surgeon General David Satcher noted in his report on mental health that only about 50% of people with mental illness ever seek help. The impact of people not seeking help for mental health issues is staggering. It includes lost wages and productivity, higher rates of incarceration for people with untreated mental illness, poorer outcomes and prognosis for other related health conditions and in its most severe form death. Suicide is the second leading cause of death in our state for ages 10-34 and fourth leading cause of death ages 35-54. The US Center for Disease Control estimates 90% of people who die by suicide have a mental illness and/or substance use disorder – many of them undiagnosed and untreated.

There are many reasons people don't seek treatment including shame, stigma and negative attitudes toward mental illness. Our Veterans are a good example of this with 2008 Rand Report commissioned by the Department of Defense indicating one third of the soldiers returning from deployment reported some type of psychological injury, yet only slightly more than 50% sought help. Many Veterans do not have health insurance and this another reason they do not seek mental health care. Medicaid Expansion will increase medical insurance coverage for many of our Veterans who currently have no insurance.

Lack of health insurance or inadequate coverage is why many people in the general population don't seek treatment for mental health issues. This includes long standing discriminatory practices by insurance companies which place restrictions or limits on mental health treatment that are different than those for medical illnesses. We must make every effort to provide people with early detection and treatment of mental illness. Medicaid Expansion will increase the number of people who have insurance and allow for more timely and less costly mental health services. Many people with mental illness also have co-occurring substance use disorders yet treatment for substance use disorders is not currently covered by Medicaid but would be covered under Medicaid Expansion.

*Find Help, Find Hope*

NAMI New Hampshire • 85 North State Street • Concord, NH 03301

InfoLine: 800-242-6264 • Tel. 603-225-5359 • Fax 603-228-8848 • [info@naminh.org](mailto:info@naminh.org) / [www.NAMINH.org](http://www.NAMINH.org)

Our state is in the midst of a serious mental health crisis. Yesterday morning there were 18 children and 26 adults waiting in Emergency Departments for beds at New Hampshire Hospital our state psychiatric facility. We will only be able to reduce these numbers by increasing the availability of community based treatment for mental health and substance use disorders. Medicaid Expansion offers a giant step in the right direction.

Not only will Medicaid Expansion improve access to care by providing coverage to many people who have no coverage now, but it will also provide important economic benefits as well. This includes greatly reducing the total amount of uncompensated medical and mental health care as well as providing over two billion dollars in economic stimulus to New Hampshire. As we look toward the future for our residents, for our businesses and for our economy, Medicaid Expansion will be a key component of maintaining the "*NH Advantage.*"

On behalf of NAMI NH, I would ask that you vote HB 271 as Inexpedient to Legislate and that you support Medicaid Expansion.

Thank you for your time and consideration

Respectfully,



Kenneth Norton LICSW  
Executive Director



Testimony of Deb Fournier,  
Policy Analyst, New Hampshire Fiscal Policy Institute,  
Before the House Health, Human Services, and Elderly Affairs Committee  
Regarding HB 271  
February 5, 2013

Chairman MacKay, Vice-Chair Harding, Members of the Committee, thank you for the opportunity to appear before you today. My name is Deb Fournier and I am a Policy Analyst with the New Hampshire Fiscal Policy Institute (NHFPI), an independent, non-partisan organization dedicated to exploring, developing, and promoting public policies that foster economic opportunity and prosperity for all New Hampshire residents, with an emphasis on low- and moderate-income families and individuals.

I am here to express opposition to HB 271, which would prohibit New Hampshire from moving forward with the Medicaid expansion option, and instead to urge the Committee to support the Medicaid expansion.

In general, electing the Medicaid expansion would be a net positive for New Hampshire, its people, its economy, and its budget. In my testimony today, I would like to remind the Committee both about the basic framework of the Medicaid expansion and of some of the primary conclusions of recent reports analyzing the potential impact of the Medicaid expansion on New Hampshire.

**Background on the Medicaid Expansion**

Under our current Medicaid program, adults who are not pregnant, parents, disabled, or senior citizens do not qualify for Medicaid, no matter how low their incomes are. Through the Affordable Care Act (ACA), states can choose to extend Medicaid coverage to adults ages 19 through 64 with incomes up to 138 percent of the federal poverty line (\$15,856 in 2013 dollars) with no other qualifying condition. Anyone eligible under this new category will have their Medicaid costs almost completely financed by the federal government. The federal government will pay 100 percent of their costs from 2014 through 2016; that federal financial participation will gradually phase down to 90 percent by 2020. The federal financial participation rate for the Medicaid expansion is permanent unless and until Congress acts to amend the statute.

## Recent Research Conclusions on the Medicaid Expansion

Recent research on the subject of the expansion finds that:

- If Medicaid coverage is extended to this new population, New Hampshire will most likely see 58,000 new Medicaid enrollees in the years between 2014 and 2020.
- The majority of these people are uninsured. Many of them are also parents and workers. Some have minimum wage jobs, while others are seasonal workers. They are staff, janitors, teachers' aides, department store clerks, landscapers, and construction workers.
- The federal government will pay for the overwhelming majority of the costs for this new group, bringing a projected \$2.5 billion into the New Hampshire economy through the end of the decade.
- New Hampshire will gain an average of 5,100 jobs under the Medicaid expansion.
- New Hampshire will see a \$2.8 billion increase in gross state product (GSP) under the Medicaid expansion.
- The state share of the costs for the Medicaid expansion will be \$85 million over the next seven years. Just to put that in context, that means, before any savings or offsets are identified, the cost to the state to cover approximately 40 percent more lives would be just 2 percent more than what the non-federal share of our Medicaid costs are expected to be over the same period.
- The even better news is that savings elsewhere in the budget could eliminate 78 percent of New Hampshire's likely costs, even if the state did not move ahead with Medicaid managed care. Of course, if the managed care initiative within the Medicaid program were to begin by January 1, 2014, then additional offsets of \$49 million would be available and would yield a net savings of \$47 million over the 2014-2020 period.

In conclusion, the Medicaid expansion makes sense for New Hampshire's residents, its economy, and the state budget. Please recommend HB 271 inexpedient to legislate and support the Medicaid expansion.



NEW HAMPSHIRE

COUNCIL ON DEVELOPMENTAL DISABILITIES

February 4, 2013

Dear Chairman MacKay and the Health, Human Services & Elderly Affairs Committee,

My name is Jennifer Bertrand and I live in Mont Vernon, New Hampshire with my husband and 4 children. I am here to speak on behalf of The NH Council on Developmental Disabilities (DDC) as chairperson of the Policy Committee, but I also speak as the parent of a petite and spunky daughter named Chloe who experiences a significant developmental disability. In both capacities, I urge you to oppose HB 271.

The DDC is an agency consisting of members appointed by the Governor to represent and advocate for people with developmental disabilities. The Council supports programs and policies to further our mission of dignity, full rights of citizenship, equal opportunities and full participation in all areas of life for all NH citizens with developmental disabilities.

As a result of networking with families across the state over the last 10 years I often hear how important it is that parents and family members of individuals with disabilities have the appropriate medical coverage and how that many disabled individuals fall through the cracks and do not have access to medical care. At least two of our council members who experience a disability don't qualify for assistance and have been unable to secure employment that would provide them with insurance. With access to medical coverage, they could remain healthy, productive members of the workforce and contribute to the hard-working businesses of NH, helping its economy grow. The expansion to Medicaid is seriously critical for these hard working citizens.



Chloe Bertrand Age 12

Without appropriate coverage, the 58,000 individuals who would have stood to gain coverage will have to rely on hospital emergency rooms for their medical care – a highly inefficient means of care delivery.

My daughter has had the benefit of working with direct support professionals who exhibit the dedication and professionalism needed to fulfill her needs in so many ways. The support providers however in a large majority of cases make the smallest of wages and lack the medical benefits they need to maintain a healthy productive lifestyle for the individuals they support. Supporting this bill will deny many of these low-income providers access to the medical care they need to maintain a healthy lifestyle for their clients.

Again, on behalf of the NH Council on Developmental Disabilities, I urge you to oppose HB 271. It is not the right path for the people of NH.

Sincerely,

Jennifer Bertrand  
Chairperson, DDC Policy Committee

- Cc: Rep. Laurie Harding, Vice Chairperson
- Rep. Barbara French
- Rep. E. Elaine Andrews-Ahearn
- Rep. Thomas Sherman
- Rep. Susan Emerson
- Rep. Donald LeBrun
- Rep. Bill Nelson
- Rep. Lisa Dimartino, Clerk
- Rep. Thomas Donovan
- Rep. Barbara Helmstetter
- Rep. Susan Ticehurst
- Rep. Frank Kotowski
- Rep. Patrick Culbert
- Rep. Stephen Schmidt
- Rep. Joy Tilton
- Rep. Jane Hunt
- Rep. Charles McMahon
- Rep. Andre Martel
- Rep. Richard Meaney



## ACHIEVEMENTS

Since 1971, the Council has worked with considerable success to improve the lives of people with disabilities.

The Council played a key role in closing of the Laconia State School, which for almost 100 years had deprived citizens with disabilities of their basic human right to live freely in the community, get a job, make their own choices, and lead full and normal lives. The Council did this by developing a master plan called "Action for Independence." This plan provided a blueprint for closing Laconia, freeing all its residents, and providing them with a home and the community supports they needed to live as full citizens in the community. The federal court used this plan for its order to close Laconia – and in 1991, NH became the first state to free all its citizens with disabilities and bring them home.

More recently, the Council played a key role in passing the Medicaid for Employed Adults with Disabilities Program. This program allows workers with disabilities who get good jobs to keep the Medicaid supports they need to keep their jobs by paying premiums. Before this law was passed, people with disabilities would automatically lose their supports once they got a good job.

## CONTACT US



New Hampshire  
Council on Developmental  
Disabilities

Walker Building  
21 Fruit South Street, Suite #22  
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Phone: 603-271-3236  
Fax: 603-271-1156

[www.nhcdd.org](http://www.nhcdd.org)

## NEW HAMPSHIRE COUNCIL ON DEVELOPMENTAL DISABILITIES



### Our Mission –

The Council is dedicated to -  
*“Dignity, full rights of citizenship,  
equal opportunity, and full  
participation for all NH citizens  
with developmental disabilities.”*

## WHAT WE BELIEVE

The Council believes that citizens of *all* abilities are fully able to participate and contribute meaningfully to our society when given the right support services, opportunities to grow, and an accepting community.



## THE WORK OF THE COUNCIL

To achieve its mission, the Council continually assesses how NH citizens with developmental disabilities are doing. Based on this, the Council develops and implements a Five-Year Plan to better provide the support services and opportunities they need to succeed. In all its work, the Council builds coalitions to make needed improvements and strives to give citizens with developmental disabilities a strong voice and role in crafting policies that affect them. In its work, the Council also focuses attention on increasing the effectiveness and availability of the specific support services that people with disabilities need to strengthen their abilities and bring out their gifts.

## COUNCIL MEMBERSHIP

The Council consists of 21 members appointed by the Governor. At least 60% of members are persons with disabilities or their families. Membership also includes representatives from all major state agencies that provide support to citizens with disabilities. Members are appointed for three-year terms and serve a maximum of two terms. The Council sets the direction and policies for the Five-Year Plan and all other Council activities.

## COUNCIL PROJECTS

The Council supports many projects to carry out its mission, including:

- Stepping Stones NH Magazine and Guidebook and NH RAP Sheet Quarterly Newsletter.
- Direct Support Professionals (DSP) Conference, DSP Appreciation and Family Caregiver Support.
- Emergency Response and Preparedness.
- Leadership development and self-advocacy training for people with disabilities and families.
- Small grants for community, projects and teens.
- Legislative Advocacy and Policy Development.
- Improving service quality in the Developmental Disabilities System.

## ADDRESSING THE ISSUES

The Council has a basic responsibility for developing plans and strategies to tear down the barriers that hold people back.



Key barriers in NH today include a shortage of skilled direct support staff, budget cuts and the maze of different regulations and programs that often make it difficult for people to get the coordinated support they need.

## COUNCIL INDEPENDENCE

The Council is an independent agency of state government. It has the autonomy and authority needed to carry out its mission. This includes developing plans, bringing groups together, conducting projects, and speaking out. The Council receives 100% of its funding through a federal block grant.

February 5, 2013

The Honorable James MacKay, Chair  
House Health and Human Services and Elderly Affairs Committee

Re: New Futures opposition to HB 271 (Stating that New Hampshire will not accept expanded Medicaid)

Dear Chairman MacKay and members of the Committee,

New Futures is before you in **OPPOSITION to HB 271**, stating that New Hampshire will not accept expanded Medicaid. New Futures strongly supports the expansion of Medicaid and has published a position paper, attached, which clearly articulates the benefits of Medicaid expansion in New Hampshire.

In summary:

- NH has woefully inadequate access to services to address the scope of the alcohol and other drug problems in our communities. Of the 96,000 New Hampshire residents estimated to need treatment for excess alcohol consumption only 4% or 4000 individuals received services for alcohol abuse at substance treatment facilities in New Hampshire.
- **Almost 30% of that care is uncompensated.**
- Expanding Medicaid access to impoverished adults in New Hampshire is an extraordinary opportunity to offer healthcare, **mental health care, and substance use disorder services** to 58,000 uninsured or underinsured residents.
- This coverage would be a great leap forward in closing the addiction treatment gap in New Hampshire, which has some of the highest alcohol and other drug abuse rates in the nation and one of the lowest rates of access to treatment.
- The 2012 PolEcon Report "The High Cost of Excessive Alcohol Consumption in New Hampshire" concludes that "alcohol treatment and prevention is likely to have a greater long-term economic impact than nearly all other strategies to improve the performance of the New Hampshire economy."

**Implementation of Medicaid expansion in New Hampshire would increase access to treatment, strengthen New Hampshire's economy, reduce uncompensated care, and improve the health of New Hampshire's poorest families.**

Respectfully submitted,  
Amy Pepin, LICSW, CPS  
Policy Director  
New Futures  
225-9540 x 109  
[aepin@new-futures.org](mailto:aepin@new-futures.org)

## New Futures Position

New Futures strongly supports the expansion of NH Medicaid to impoverished adults. Expansion provides an unprecedented opportunity to increase access to needed services for alcohol and other drug problems.

## Justification

Expanding Medicaid access to impoverished adults in New Hampshire is an extraordinary opportunity to offer healthcare, **mental health care, and substance use disorder services** to 58,000 uninsured or underinsured residents. This expansion would cover all adults in NH between the ages of 19 and 65 who are not currently eligible for Medicaid *and* whose incomes do not exceed 138% of the Federal Poverty Level - \$15,500 a year for a single person and \$32,000 for a family of four. This coverage would be a great leap forward in closing the addiction treatment gap in New Hampshire, which has some of the highest alcohol and other drug abuse rates in the nation and one of the lowest rates of access to treatment.

NH has woefully inadequate access to services to address the scope of the alcohol and other drug problems in our communities. Of the 96,000 New Hampshire residents estimated to need treatment for excess alcohol consumption only 4% or 4000 individuals received services for alcohol abuse at substance treatment facilities in New Hampshire. **Almost 30% of that care is uncompensated.**

New Hampshire and its economy will incur direct and indirect public and private costs of the newly eligible individuals in need of treatment for excessive alcohol consumption regardless of whether or not they receive Medicaid. However, under Medicaid expansion, treatment costs for these individuals can be borne primarily by the federal government. This will decrease the uncompensated care currently being provided by substance use disorder service providers. As a result, the expansion of Medicaid will allow for increased access to treatment for this population.

The net benefits to New Hampshire's productivity and the New Hampshire economy that accrue from increased treatments make a strong benefit-to-cost rationale for expanding treatment programs and increasing New Hampshire's very low treatment rates. The 2012 PolEcon Report "The High Cost of Excessive Alcohol Consumption in New Hampshire" concludes that "alcohol treatment and prevention is likely to have a greater long-term economic impact than nearly all other strategies to improve the performance of the New Hampshire economy."

**Implementation of Medicaid expansion in New Hampshire would increase access to treatment, strengthen New Hampshire's economy, reduce uncompensated care, and improve the health of New Hampshire's poorest families.**

## **Background**

### ***Federal Law***

Ground-breaking expansion of addiction and mental health coverage of prevention, treatment and recovery was included as part of the healthcare reform law, the Patient Protection and Affordable Care Act, passed in March 2010. The law includes substance use disorder and mental health services as required benefits in the basic benefit package for individual and small business health plans and Medicaid expansion. The law further requires that all plans in the health insurance exchange and Medicaid expansion comply with the Wellstone/Domenici Parity Act of 2008 in providing substance use disorder and mental health services benefits in the same way as all other covered medical and surgical benefits. These reforms represent significant progress in expanding and improving New Hampshire's health responses to alcohol and other drug problems, including prevention, treatment, and recovery.

In June 2012, the United States Supreme Court essentially upheld the new healthcare law. One caveat of the ruling allows states to keep their existing Medicaid funding regardless of their participation in the Medicaid expansion. This effectively created a choice for states. Subsequent guidance is clear that states can opt into and out of the Medicaid expansion on a timeline of their choosing. New Futures is advocating for expansion coverage to begin in January 2014.

### ***State Plan***

The New Hampshire Governor's Commission on Alcohol and Drug Abuse Prevention, Intervention and Treatment, established in 2000, initiated a strategic planning process early in 2012 to identify key priorities, strategy areas, and activities for the Commission's member agencies, other state level stakeholders, and community sectors to increase their efforts to address alcohol and other drug misuse. The plan "Collective Action – Collective Impact: New Hampshire's Strategy for Reducing the Misuse of Alcohol and Other Drugs and Promoting Recovery 2013-2017" will be publicly released in early 2013.

The plan contains two core goals to be met over the next five years. These are 1) *to reduce the percentage of New Hampshire residents misusing alcohol and other drugs* and 2) *to increase the percentage of individuals with substance use disorders receiving treatment and recovery support services*. These goals apply to four problems of focus: alcohol misuse, marijuana use, prescription drug misuse, and the incidence of persons with substance use or co-occurring substance use and mental health disorders seeking and not receiving treatment or recovery support services.

The goals of this plan cannot be realized without expansion of substance use disorder services to impoverished adults, which could be most cost-effectively achieved through NH Medicaid expansion.

### ***Cost***

In our state's upcoming fiscal biennium (July 1, 2013, to June 30, 2015), the Medicaid expansion is an extraordinary bargain. According to the Lewin Group, the expansion would cost NH zero state general fund dollars, while leveraging \$422 million in federal funds for the state. NH's share of the cost of the expansion during the first 7 years totals only \$18.4 million while securing \$2.5 billion in federal funds. That is a 13,400% return on state investment over 7 years – and is just *a bit more than one-quarter of a 1% increase over what NH would be spending on its existing Medicaid program anyway* – to cover 58,000 additional NH residents and dramatically increase access to substance use disorder services in the state.

File Copy - HB 271

NEW HAMPSHIRE  
MEDICAL CARE ADVISORY COMMITTEE

Department of Health & Human Services ♦ Office of Medicaid Business and Policy  
129 Pleasant Street ♦ Concord, NH 03301  
(603) 271-9422 ♦ Fax (603) 271-8431

Doug McNutt  
Chair

Sarah Aiken  
Vice-Chair

January 24, 2013

Sarah Aiken  
Community Support Network, Inc.

Lisa DiMartino  
Consumer

Thomas Donovan  
Consumer

Ellen Ederly  
Brain Injury Association of NH

Jane Guilmette  
The Mental Health Center of  
Greater Manchester

Ellen Keith  
Governor's Commission on  
Disability

Earle Kolb  
Consumer

Margaret Lins  
Crotched Mountain

Doug McNutt  
AARP

Leslie Melby  
NH Hospital Association

Sarah Morrison  
Dartmouth Hitchcock Medical Ctr.

Ken Norton  
NAMI NH

Anita Perreault  
Consumer

Sandra Poleatewich  
Interim Health Care

Cindy Robertson  
Disabilities Rights Center, Inc.

Kristine Stoddard  
Bi-State Primary Care Association

Melvin Spierer  
Manchester Housing &  
Redevelopment Authority

Carol Stamatakis  
NH Council on Developmental  
Disabilities

James Williamson  
NH Dental Society

Michelle Winchester  
UNH School of Law

Oglesby Young, MD  
NH Medical Society

Her Excellency, Governor Maggie Hassan  
Office of the Governor  
State House  
107 North Main Street  
Concord, NH 03301

The Honorable Peter Bragdon  
New Hampshire State Senate  
107 North Main Street  
Concord NH 03301

The Honorable Terie Norelli  
Third Floor, State House  
107 North Main Street  
Concord, NH 03301

RE: Medicaid Expansion for Low-Income Adults

Dear Governor Hassan, Senate President Bragdon, and House Speaker Norelli:

The Medical Care Advisory Committee is a federally mandated committee that reviews and makes recommendations to the state Medicaid director on matters that involve Medicaid policy or affect Medicaid-funded programs. The MCAC is composed of Medicaid recipients, caregivers, health care providers and patient advocates who are broadly representative of various recipient and provider groups.

I am writing on behalf of the MCAC to urge you to support the implementation of the Medicaid expansion for low-income adults under the federal Affordable Care Act. If New Hampshire opts for the expansion, Medicaid would be available to nearly all individuals with incomes up to 138 percent of the federal poverty level (\$15,415 for an individual; \$26,344 for a family of three in 2012). Those benefiting from expanded coverage would include:

- Low-income working adults such as food servers, childcare providers, beauticians, and house cleaners.
- Older adults not yet eligible for Medicare who have experienced job displacement and are unable to find employment providing health insurance.
- Those who have lost insurance coverage due to divorce, widowhood or a spouse's job loss.

Her Excellency, Governor Maggie Hassan  
The Honorable Peter Bragdon  
The Honorable Terie Norelli  
January 24, 2013  
Page 2

The following are some of the reasons we support expansion:

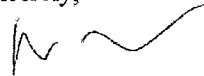
- ✓ **Expanding Access to Health Care.** Medicaid Expansion is likely to provide health coverage for more than 50,000 people in New Hampshire. Many of these individuals forego needed care. Medicaid coverage will mean these individuals can get check-ups and preventive services, follow-up care for accidents or illnesses, and management of chronic diseases. This is an opportunity to reduce New Hampshire's rate of uninsured and improve the health of our citizens.
- ✓ **Financial Benefit for New Hampshire.** The federal government will pay the entire cost of the expansion coverage for the first three years. The federal share then will gradually phase down to 90% in 2020 (the seventh year) and thereafter.
- ✓ **Economic Stimulus and Jobs.** Federal Medicaid funds for the expansion will bring over two billion dollars into New Hampshire's economy over the first seven years starting in 2014. The economic activity generated by these new federal dollars will create new jobs in our state and increase revenues.
- ✓ **New Hampshire Tax Dollars Stay in New Hampshire.** Many other states will choose to expand Medicaid and the costs will be paid mostly by federal dollars. If New Hampshire does not expand Medicaid, we will still be paying federal taxes to support other states' programs without getting the benefits of health care coverage for people in New Hampshire.
- ✓ **Reduce Uncompensated Care and Lower Insurance Costs.** Hospitals lose millions of dollars from uncompensated care provided to the uninsured. Uncompensated care raises insurance premiums for everyone as providers try to recover their losses through cost-shifting. Reducing uncompensated care costs will benefit businesses that pay for health insurance.
- ✓ **Healthier Children.** The Medicaid Expansion, while targeted to adults, also helps children. When parents and caretakers have health insurance, their health generally improves, and their children are also more likely to be insured and able to access critical care (Kaiser Commission on Medicaid and the Uninsured). The Institute of Medicine has reported that a parent's poor physical or mental health can contribute to a stressful family environment that may impair the health and well-being of a child.
- ✓ **Health Care for Veterans.** Half of all uninsured veterans will be eligible for health care coverage under the Affordable Care Act. In New Hampshire, approximately 5000 non-elderly veterans and 4000 of their family members report neither having health insurance coverage nor using Veterans Affairs (VA) health care. Nationally, 41.2 percent of uninsured veterans reported unmet medical needs and 33.7 percent reported delaying care due to cost (American Community Survey, US Census Bureau).
- ✓ **Coverage to Those with the Greatest Need.** The Affordable Care Act was written assuming that low-income people would get coverage through Medicaid. Those below the federal poverty level are not eligible for subsidies to buy private insurance. If New Hampshire refuses to expand Medicaid, it will create a gap in the continuum of coverage. It would be unconscionable if some of the poorest and most vulnerable were left without help while those with higher coverage have access to affordable coverage.

Her Excellency, Governor Maggie Hassan  
The Honorable Peter Bragdon  
The Honorable Terie Norelli  
January 24, 2013  
Page 3

For all these reasons we urge you to implement the Medicaid Expansion and bring federal funds to New Hampshire to cover low income people and families. We welcome the opportunity to meet with you to discuss this further.

Thank you for your consideration.

Sincerely,



Douglas McNutt, Chair  
NH Medical Care Advisory Committee

cc: Representative Steve Shurtleff  
Representative Gene Chandler  
Senator Jeb Bradley  
Senator Syliva Larsen  
Nicholas Toumpas, Commissioner  
Kathleen Dunn, Associate Commissioner



File Copy - HB 271

Testimony HB 271

Sherri Harden

AARP Capital City Task Force

On February 12, 2007 I was 59 years old, divorced, working full time in my dream job - I was care manager and part time caregiver for my Dad who had Alzheimer's and Parkinson's Diseases, and had some savings. Life was OK.

On February 13, 2007, I was 59 years old, divorced, still caring for my Dad but... unemployed - due to a corporate decision to close my office. I was soon to be uninsured as well, as I could not afford the cobra insurance payments from my unemployment income. I was obviously concerned, but hoped my unemployment status would be short lived.

One year later, still unemployed due to trying to find a job in the depths of the recession, still uninsured, my unemployment ceased, and continuing to care for my Dad - close to homelessness - my father's wife was diagnosed with a brain tumor. Her post operative care needs would be full time. She could no longer care for my Dad. The possibility of having a full time job was now a moot issue as I would be caring for her as well.

I would lay awake nights wondering what would happen to all of us if I had a stroke, a heart attack, an accident or a cancer diagnosis. My worst fears were that all 3 of us would have to be in a nursing care facility.

Needless to say, if at that time I had had an opportunity to be eligible for Medicaid insurance coverage - all 3 of us would have lived each day a little easier.

Please vote against House bill 271 that would prevent coverage for single individuals not eligible for any other type of health insurance -----whether they are unemployed or the working poor. AARP in New Hampshire as well as Nationally is in support of Medicaid expansion because of the benefits they see for people ages 50 to 64 who are currently struggling to stay alive.

Thank you

**Testimony of Liz Kennett RN BSN CDE**

New Hampshire Advocacy Co- chair for the American Diabetes Association

President of the Granite State Diabetes Educators

Opposing House Bill 271

House Committee on Health and Human Services

February 5, 2013

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Chairman MacKay, Vice Chair Harding and Members of the Committee,

Thank you for the opportunity to testify. My name is Liz Kennett and I am a resident of Weare. I have practiced professionally as a diabetes educator since 1976. I am the President of the Granite State Diabetes Educators and serve as the New Hampshire Advocacy Co-chair for the American Diabetes Association. I am here today to convey the Association's opposition to HB 271.

The American Diabetes Association's mission is to prevent and cure diabetes and to improve the lives of all people affected by diabetes. The Association carries out this mission by funding research; disseminating critical information to the patient, clinician and research communities; and by advocating for research, prevention, and care to benefit people with diabetes.

The Association opposes HB 271 because it would stand in the way of healthcare for some of New Hampshire's neediest citizens. Timely access to care is critical in the management of diabetes. Delay in care increases the need for emergency room visits and hospitalizations - both are more expensive than routine care provided by a primary care provider.

For example, people with type 1 diabetes without insurance, they may decrease the number of injections of insulin that they take or administer a deficient amount of insulin. The slightest illness can

increase the body's need for insulin. If doses have been decreased due to a lack of dollars, the individual is at risk for a medical crisis and death. Insurance coverage for insulin with instructions for use by a health care provider could save a life and avoid costly stays in the ICU that may very well be funded by other payors.

A second situation relates to working adults with Type 2 diabetes who are currently uninsured. It isn't unusual for them to delay care or try home remedies. When someone has a foot ulcer, however, delay in care can result in severe infection and amputation. Prompt medical care associated with insurance coverage can prevent devastating consequence and keep our citizens working.

Everyday more and more people are diagnosed with diabetes. Nearly 80,000 individuals in New Hampshire have been diagnosed with diabetes. The incidence of diabetes has doubled since 1994.

**In summary, proper management of diabetes is crucial to the prevention of diabetic complications such as heart attack, stroke, blindness, kidney failure, and lower limb amputation.** Education in diabetes self-management, medication and supplies are all critical to good outcomes. Through Medicaid expansion we can prevent tremendous medical burdens and lost productivity for people with diabetes, while reducing the cost to our health system for unnecessary complications.

On behalf of the American Diabetes Association and Granite State Diabetes Educators, I urge you to reject House Bill 271 and to support Medicaid expansion in our state.

Thank you.

Liz Kennett

603-459-5333

[jimlzk@comcast.net](mailto:jimlzk@comcast.net)

File Copy- HB 271

5 February 2013

Cathy Spinney, owner  
Spinney Associates  
c/o 23 Gordon Avenue  
Pelham, NH 03076

Dear Chairman MacKay & Health, Human Services, & Elderly Affairs Committee,

My name is Cathy Spinney and I live and work in Pelham. I am a small business owner and I am also the parent of Kelly, an adult young woman with significant Developmental Disabilities. In order to work each day and offer work to my employees, I must rely on the dedicated Direct Support Professionals (DSP) who assist my daughter to have a full and good life in my absence.

One of the DSPs I employ has been without access to basic health care for going on 4 years now due to her husband's chronic and lengthy periods of unemployment. He is a union carpenter and steady work in his field has been all but non-existent since 2008. There is no provision in my daughter's support budget to afford a health care plan for her, and I am financially unable to cover that large expense out of my own pocket. My business is too small to pay for coverage for employees. It is available but they must pay for it themselves. This DSP has been the sole support for her family during this long time and she has no funds left after paying for necessities to afford insurance on her own.

I urge you to oppose HB 271. There are many hard working, dedicated working people who have no access to insurance and who cannot afford the soaring premiums private plans charge. As a civil society we must find mechanisms to help these people help themselves. My daughter and I and others like us depend heavily on these support professionals, most of whom are not offered health insurance through their employment. I shudder when I think what would happen should she become ill with something that could have been prevented or minimized had she been able to access health care. The ripple effect not only for my family personally but for my business and the people I employ would be devastating.

Rejecting Medicaid expansion for our state is short sighted, rather elitist (an "only the well off get to be healthy" attitude) and I strongly ask that you oppose HB 271! Let's not look a gift horse in the mouth – there are currently no other viable alternatives for our citizens who want and need access to wellness programs. We are trusting you all to do the right and sensible thing. **SAY "NO" TO HB 271!**

Thank you,

Cathy Spinney



File Copy - H B 271



**NHCA**  
New Hampshire Cosmetology Association

45 Broad Street  
Nashua, NH 03064-2017  
Tel: 603-883-3441  
Fax: 603-880-5490  
Email: NHCA@aol.com

February 05, 2013

Dear Members of the Health, Human Services and Elderly Affairs:

As President of the NH Cosmetology Association for the past 14 years, I represent the 23,000 licensees under the State Board of Barbering, Cosmetology and Esthetics.

Please be advised that we are opposing House Bill 271. Considering that NH is eligible for these Federal Funds, it would be foolish not to accept them!

Our Cosmetology Students and Newly Licensed Professionals could utilize this opportunity - not to mention our Salon Owners. Medicaid Expansion would alleviate the requirement to supply health insurance to employees that qualify for it.

I respectfully ask for you to consider our concerns with HB 271 and oppose this bill.

Sincerely,

Pam New  
New Hampshire Cosmetology Association, President

File Copy HB 271

Laura Miller

33 Stevens Drive, Concord NH 03301

Owner: Imagination Village, Inc. 9 North Main Street, Concord, NH 03301

Please vote No on HB 271 to prohibit Medicaid Expansion.

I am a small business owner and also a citizen who has no access to group health insurance. To further complicate my own situation, I have a mild pre-existing medical condition that allows insurance companies to deny me coverage. I currently have insurance through the high risk pool NH Health Insurance for which I pay over \$5,000 a year for a \$7500 deductible. I am a healthy person and see the doctor twice a year for routine care.

The health insurance premium I am forced to pay is a quarter of the salary that I was able to draw from my business this past year and I live in constant fear that one serious illness or an accident would wipe out my savings.

I represent the demographic that the Affordable Health Care act was designed to help- I am willing to pay for insurance but I need access to group rates. The enormous rate I currently pay is driven by the need to cover the underinsured and the uninsured costs that could much more efficiently and equitably covered by Medicaid Expansion.

I live in fear of losing my savings. But I have staff and customers who have to choose between buying their children shoes or a vaccine. I know people who have to choose between food and medicine. Medicaid expansion will provide a vital safety net for those people, our working poor, people who are trying to make it but in this economy, are still living on the margin. They are not looking for a hand out- but a hand up!

A health insurance safety net through Medicaid Expansion saves money for all of us:

For those with comprehensive employer paid insurance- rates will ease as un-insured costs go down .

Tax-payer burden will go down as we leverage federal dollars to the best advantage for New Hampshire.

Working families will access better health care and that will help employers have more productive employees. Emergency rooms are NOT the best place to access health care!

Medicaid Expansion makes fiscal sense and it is the right thing to do! We must not leave out the segment of our population who are trying to access the American Dream- when a small investment will reap so much reward.

Thank you for all the hard work you do!

Laura Miller

2/5/13

File Copy - HB 271

I would like to thank the committee for giving me this opportunity to speak on HB271.

My name is John Pennington.

I live at 259 Dennett Street in Portsmouth.

I am a retired school teacher with 32 years in the Portsmouth schools.

If NH elects the Medicaid expansion, 58,000 low-income working people in our state will have an affordable, reliable health coverage option and the economic security that comes with it.

Medicaid expansion is an essential part of the Affordable Care to greatly reduce the uninsured population. The Expansion would include individuals making less than \$15,415, couples or single parents.

Making less \$20,880, and families making less than \$31,809.

I ask the legislators to oppose HB 271.

I would be happy to answer any questions that you have.



*Tools for Living  
Life on Your Terms*

*File Copy - HB 271*

**Main Office - Concord**

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[www.gsil.org](http://www.gsil.org)

2/5/2013

Dear Members of the House Health, Human Services & Elderly Affairs Committee:

Hello, my name is Ryan Donnelly. I am writing to you today in opposition of HB271 on behalf of Granite State Independent Living. If passed, HB271 would prohibit our state from taking advantage of the opportunity to expand the Medicaid program in our state under the Affordable Care Act. We believe this would be a bad move for New Hampshire. Refusing to expand Medicaid would deny affordable health coverage to many hard-working NH residents, place the continued burden of uncompensated care upon our hospitals and forfeit hundreds of millions in federal funding. This is a mistake we literally cannot afford to make.

If HB271 is to pass, it would mean 58,000 working New Hampshire citizens struggling to make ends meet would be denied reliable, affordable health coverage and the economic security that comes with it. These are not people on the streets looking for a handout. They are working-class people that all of us are familiar with, people who have jobs and pay their taxes, but do not have employer-provided health insurance and cannot afford their own private insurance. These are individuals who would be otherwise eligible for expanded Medicaid, and would be denied such basic care that includes check-ups, preventative services, necessary follow-up care, and cost-effective treatment of chronic illnesses. Instead, they'd be forced to simply "hope they don't get sick", and when they do, such individuals would have to settle for long waits, inefficiency, and vastly more expensive care in our overburdened emergency rooms, just as they do right this very moment.

It is in these very emergency rooms that we can see the consequences for our lack of affordable, accessible healthcare for our New Hampshire citizens. All too often an emergency room bed is not filled by someone who's suffered an automobile accident or has been harmed by another person, but an individual who simply could not afford to see a physician. All too quickly a chest cold can turn into bronchitis or pneumonia, or an untreated injury can worsen into a terrible infection. Without insurance to cover the costs, costs which are significantly less if such illness is cared for early on or prevented outright, our hospitals are left footing the bill. It is ultimately we who pay the price with higher insurance premiums to make up for these healthcare losses.

Simply put, expanding Medicaid is the right thing to do. It makes sense from a moral standpoint and a fiscal standpoint as well. Medicaid expansion would see our state eligible for \$442 million in federal funds for the next two-year budget cycle, with zero cost to state funds according to the Lewin Group. These are dollars that can be turned right into jobs for our state to support the expansion of services, and would also be a direct help to businesses that cannot at the moment afford to cover their hard-working employees that are lower income. Those who are covered would gain a peace of mind in knowing that they don't have to wait and pray that they don't fall ill. They can see a physician, get the care they need, and enjoy the higher quality of life that they deserve as tax-paying citizens of New Hampshire. They'll miss fewer days of work, be able to take care of their kids, and promote healthier lives and healthier communities.

There's no sensible reason not to seize the opportunity to offer affordable, reliable healthcare to more of our hard-working citizens. Please, do not let partisan politics get in the way of doing what is right for our people and our healthcare system as a whole. Please, oppose HB271. Thank you for the opportunity to write to you today, and all of the hard work you perform on behalf of the citizens of New Hampshire.

Sincerely,

Ryan Donnelly  
Regional Advocacy Facilitator





**National  
Multiple Sclerosis  
Society  
Greater  
New England  
Chapter**

**This testimony is submitted to the New Hampshire House Human Services & Elderly Affairs Committee in opposition to HB 271 which would prohibit Medicaid expansion in New Hampshire under the *Affordable Care Act*.**

The National MS Society, Greater New England Chapter strongly supports an ultimate decision in favor Medicaid expansion in New Hampshire. An actual prohibition, however, denies a variety of stakeholders including public, the legislature and state agencies the option of engaging in an open and thorough process with pertinent data in order to evaluate the implications of such an expansion.

**Key points about Medicaid expansion.**

The federal government has not imposed any official deadline as to when states must decide about expansion but there are additional incentives for 2014. Adequate time remains for analysis and planning. The ACA's Medicaid expansion sought to simplify eligibility by limiting the criteria to income, residency and age. Effective January 2014, if a state chooses to expand its Medicaid program, all lawfully-residing adults under age 65 with income under 138% of FPL are entitled to Medicaid coverage. If a state chooses to expand its Medicaid program, the federal government will pay an "enhanced match rate" equal to 100% of the cost of the newly eligible individuals from 2014-2016. In 2017, the federal government will pay 95%; in 2018, 94%; in 2019, 93%; and in 2020 and beyond, 90% of the newly eligible. The Medicaid expansion would lead to increased total state spending of about 3%. States can withdraw in the future.

**Impact on people with MS**

Multiple sclerosis (MS) is typically diagnosed between the ages of 20 and 50, when most are raising families, advancing careers and maximizing their earnings. Yet studies show that only 40% are in the workforce ten years after their diagnosis, and some lost access to employer-based health coverage. The average annual cost for someone with MS in the U.S. including both direct and indirect costs (i.e. lost wages) is approximately \$69,000. Of this, approximately \$39,000 consists of health care costs. Seventy percent of persons with MS report difficulty paying for health care, even with health insurance and many are forced to delay doctor visits and split their medication doses or skip them altogether.

The latest statistics (which are pre-recession) show that about **5-10% of people with MS has Medicaid coverage**. While that is a small figure Medicaid is truly a safety net. Medicaid provides people with MS prescription drug coverage and standard medical benefits like physician and hospital care; home and community based services that allow people with MS to remain independent and avoid premature admission to costlier institutional facilities; and other forms of long-term services and support.

*Michelle Dickson*

Michelle Dickson  
Director of Public Policy Advocacy

File Copy - HB 271

Testimony in favor of Medicaid Expansion in NH

My name is Corry Hughes; my husband and I are both retired and live in Jefferson, NH, with our 23 year old daughter, who has severe disabilities due to Rett Syndrome. Caring for her extensive needs is a full-time job, which is why I am not able to testify in person today. So I am writing today in support of Medicaid Expansion, and to ask you to say NO to House Bill 271.

Everyone is aware that the last few years have been economically difficult for many citizens. We all know people who are unemployed or underemployed through no fault of their own. This is especially true in the North Country, where unemployment remains high and jobs paying a living wage are few. I personally know many people who cannot afford health insurance, yet do not qualify for Medicaid under current guidelines, and are not old enough for Medicare. Today I am not speaking out for myself and my family, but for those people. I worry about my friends who find themselves in this situation. What would happen to them if they became ill or injured? How can they pay for their needed medications? What about routine preventative care?

Medicaid Expansion under the Affordable Care Act provides a solution. Up to 58,000 additional low-income New Hampshire citizens would benefit and have access to affordable coverage, AT NO COST TO NEW HAMPSHIRE for the first 2 years, but bringing in \$383 million in federal funds - to do the right thing. How can this be wrong?

Apparently, Representative O'Brien thinks it's wrong; his House Bill 271 would reject Medicaid Expansion in New Hampshire. It makes no sense to do so, as our federal tax dollars will be going to other states for their Medicaid Expansion. Shouldn't New Hampshire benefit from the program too? More importantly, shouldn't we help as many people as possible to be healthy and productive citizens? I believe that equitable access to affordable health care is a basic human right. No one should have to put off medical care because they can't afford it; no one should have to choose between paying for medication or buying groceries or paying rent. Medicaid expansion would help thousands of people who find themselves caught in this predicament.

It is time to put aside retaliatory partisan politics and do the right thing for the people of New Hampshire. I ask you to vote "NO" on House Bill 271.

Testimony Submitted to  
House Health, Human Services, and Elderly Affairs Committee  
Hearing on House Bill 271

Tuesday, February 5, 2013

My name is Greg S. Goldberg, and I sell high quality, American-made furniture. My yearly income falls within the amounts covered by the expansion of Medicaid. But, instead of lingering on my story, how about I illustrate it with another one, instead.

I ask you to picture a young woman, in her mid-20s, and let us call her Alice. When we first meet Alice, she has decided to further her education, by going back to college, in her community. In order to accomplish this, she has taken a part-time job, selling clothes she still isn't able to afford. Her \$950 a month take home pay, after taxes, is just barely able, to cover her meager expenses.

Luckily, she is receiving state aid, to partially off-set the cost of her apartment, but even Section 8, still leaves her with a \$400 bill. Food costs for the month are better, but still deplete her, by \$300 a month. She has to drive everywhere, in her spread out little town, but luckily her little car doesn't cost much to either fuel or insure. However, it still sets her back, by \$75 a month, leaving her with less than \$40 a week, to cover everything else, life winds up, throwing at her.

Yet, so long as she remains healthy, it is enough to satisfy her needs. Other needs may also be attended to, like the cute guy in her economics class, let us call him Bob.

Alice and Bob are in similar circumstances, with Bob's take home pay, again after taxes, a slightly larger \$1150 a month. This is partially off-set by a larger apartment and a longer commute, leaving them in similar financial straits. Bob is flattered by Alice's interest, and begins seeing her, when their busy schedules allow. What begins as a flirtation over shared interests, soon blossoms into love, and they become engaged by the end of the semester.

Graduation from college, brings other joys, as this allows Alice and Bob to finally marry. They pool their income, and find a two-bedroom apartment to share, for they know that room will not go unused, for very long.

By the age of 30, both Alice and Bob, find that married life agrees with them greatly, as it has brought them two new lives, in their children, Charlie and Danni, who now live in their spare bedroom. Motherhood however, has sapped some of Alice's strength, no matter how much it is worth it, as she returns to part-time employment.

Bob's job is now paying him \$1275 a month, which along with the \$675 a month, Alice's job is paying her, leaves them with a reasonable \$1950 a month, after taxes. Their new apartment, while still rented through Section 8, costs them \$750 a month. Their grocery bill, to feed this growing family, winds up increasing, to \$650 a month, which along with the cost of keeping two cars on the road, at \$175 a month, leaves them with over \$80 a week, to cover their other expenses. While still leaving them poor, Alice and Bob feel this is a welcome improvement, over their earlier situation, as so long as no one gets too sick, their young family's financial situation seems to be looking up, with only clear skies ahead.

Unfortunately for Alice, Bob, Charlie, and Danni, this is not to be. Alice's post-partum symptoms are hiding something, something far nastier. Her bloating, pelvic pain, and appetite loss, are easy to lose in her day-to-day hustle and bustle, as it is for many women. By the time her discomfort has risen to acute pain, and caused her to pay the exorbitant fee, to see a specialist, what had started out as an

easily treated ovarian tumor, has now grown into late-stage Liver Cancer. If found early, her survival rate would have exceeded 90% and while draining of both health and resources, she would beaten it. Sadly, by Stage IV, her odds have dropped to under 10%, and her Oncologist, while sympathetic to her plight, is forced to inform her that while fighting the cancer is possible, all it would accomplish would be to waste both her estimated six months left, and drain their family finances.

Like the trooper that she is, Alice elects to spend her remaining time, no matter how short, in the embrace of her loved ones. Bob spends his time, doting on her and the kids, knowing that each day, may be her last. Alice's six month prognosis, extends out to a year, but at the end of it she is gone, leaving Bob, Charlie, and Danni, as a Widower with two children.

Bob has been planning for this eventuality, as best as he is able. After a simple funeral, he and the kids move into Alice's old apartment, which her landlord has graciously offered to them. Bob takes the couch, and Charlie and Danni split their mother's old room, together.

Bob's employer as well, is also helpful, and allows him to work around his schedule as best he can. His \$1275 take-home pay remains, but it doesn't cover, what it once did. Even with a cheaper apartment, it is still \$400 a month. Food Stamps help to cover the costs of two growing children and a family on the brink, but even then, Bob, Charlie, and Danni's food bill, winds up at \$600 a month. Bob manages to sell Alice's car, but he still needs to retain his, with the \$100 costs that come with it, more important now than ever, as Danni reaches school age, with her brother. However, their remaining monthly expenses, still need to fit into the less than \$40 a week, left out of Bob's paycheck.

So, now you have it, a once proud family on the rise, now facing the endless downward spiral of crippling poverty. They may not exist, but their troubles do.

If Alice could have afforded basic health care, she would have discovered the tumor, during her hospital stay with Danni, instead of finding out about it, years later. Bob wouldn't now be on his own, trying to keep up a brave front, so that little Charlie and Danni don't have to see his father's tears every night, feeling like a failure, as he watches his dreams of a family, slip away.

Instead, they could have continued to shop at the supermarket, kept buying gas at the station down the street, maybe eventually moving into an apartment, that would have been rented with their own money, for a change. The grocer could have bought the security system, which would have saved him from being robbed, that very year. The convenience store clerk could have purchased another franchise across town, thereby increasing his profits. Finally, the landlord could have afforded to buy another building she'd been dreaming of expanding to, furnishing it from me, the retail sales clerk, while also enriching an Amish family in Ohio, who sells the kind of solid wood dining sets, that are helping to pull our great nation, out of this recession. Money would have flowed out and back, in and forth, making everyone just a little bit richer with every pass, but instead, because Medicaid wasn't expanded to cover her, Alice lies in the ground, where her family may soon join her!

Sincerely,

Greg S. Goldberg

File Copy H B271

From Paul & Natalie Crotty

Re: House Bill 271

Healthcare should not be an inalienable right for the wealthy or those employed by mid-to-large organizations. Small businesses should be able to support their employees by offering healthcare and sole proprietors should not have to choose closing their business because the cost of health insurance is too high.

As sole proprietors, my husband has been in business for 20 years and I began a new enterprise 16 months ago. As my COBRA has ended with my previous employer, I was shocked to learn that my husband, who is in good health, runs, eats right and follows his physicians recommendations, has been denied health insurance by the one private insurer who will accept individuals, Anthem Blue Cross. He has been denied because he takes blood thinners.

Furthermore, we have learned that in order to insure him in the NH State High Risk pool and insure me with Anthem it will cost us a minimum of \$14,000 annually. This is a dramatic example of how unaffordable healthcare is in a market that offers no competition to the single private insurer. If you are an employee making even slightly above minimum wage, healthcare is not a possibility for you.

I implore the NH House to vote no on House Bill 271. We can't afford to place thousands of NH residents in the precarious situation of Emergency Room only medical care.

Testimony Submitted to  
House Health, Human Services, and Elderly Affairs Committee  
Hearing on House Bill 271

Tuesday, February 5, 2013

Honorable Committee,

My name is Melissa Young-Wiano and I live in Concord.

I'm currently underemployed as a very part-time inventory taker and don't have health insurance. I have allergies, which are often exacerbated by the dust and perfumes at the stores where I work. These attacks can be pretty bad, and sometimes interfere with my ability to work. I really should see a doctor about it, but haven't because I am uninsured.

In addition, I recently had to buy new glasses. This was a financial struggle to pay for. I have the misfortune of being nearsighted, this is a burden on me financially.

Others who are in the same boat as me have similar and worse experiences. I recently had a co-worker who sick for an entire month, probably with bronchitis. Because she didn't have health insurance, she didn't see a doctor.

Some of us feel discouraged from getting medical care because we are uninsured. I worry that if I get sick or something happens, I'll have a huge bill that I will struggle to pay for the rest of life. It's people like me, who make less than fifteen thousand dollars a year, who are the most likely to end up in an emergency room because they didn't get preventative care. People like me often can't afford to pay their hospital bills from these kinds of visits, and end up driving up the costs for everyone.

Please find this bill inexpedient to legislate. Medicaid expansion will help people like me access important routine medical care and protect us when the unthinkable happens.

Thank you for listening.

**Medicaid Expansion: A Women's Health Perspective**

- Planned Parenthood plays a fundamental role in meeting the health care needs of millions of low-income and underserved women in this country. Last year alone we served almost 20,000 patients in New Hampshire: 90% of those visits were women and 70% of patients had incomes at or below 150% of the federal poverty level.
- In New Hampshire, currently about 15% of Planned Parenthood patients are eligible for Medicaid coverage to access preventive health care, including cancer screenings, breast exams and birth control. With Medicaid Expansion that number would grow to close to 50%.
- Under the health care law's Medicaid Expansion provision, roughly 15,000 women of reproductive age (15 – 44) in New Hampshire stand to gain access to this critical coverage.
- For millions of American women, Medicaid makes the difference between access to cancer screenings and birth control or going without. Recent studies have shown that women with Medicaid coverage are more than twice as likely as uninsured women to have received a pap smear in the last two years. Women with access to Medicaid are more likely to have access to affordable birth control and be able to plan for healthy pregnancies.
- Medicaid increases access to care and ultimately improves health outcomes. Research from the Harvard School of Public Health found that states that substantially expanded Medicaid coverage to adults had a 6.1% decline in death rates in individuals ages 20-64. Early detection of female cancers such as breast cancer, cervical cancer, ovarian cancer and uterine cancer will significantly impact the available treatment regimens and decrease the mortality for women currently uninsured.
- There is no sound reason why any state should deny these women and families access to basic health care coverage. It is good health policy and good fiscal policy for states.
- The federal government will finance the full cost of covering newly eligible individuals in the Medicaid program for the first two years, ever so slightly decreasing the amount to 90% starting in 2020. This means that New Hampshire will not have to pay anything for the first two years – after that, New Hampshire will pay only a fraction of the costs to cover newly eligible individuals.
- Moreover, the costs for these newly-eligible people will be lower than those currently eligible or enrolled in Medicaid, as they tend to be younger, in better health, and single without dependents.
- Expanding Medicaid will mean more than \$ 4 million in savings from family planning services accessed reducing the number of Medicaid births and improving pregnancy and birth outcomes.
- Expanding Medicaid will result in increased revenue through provider and insurer assessments, general business taxes, and increased employment in the health sector.
- Expanding Medicaid coverage will reduce personal bankruptcy, as medical debt is the leading cause for bankruptcy.
- Planned Parenthood will be working alongside champions of women's health throughout the state to ensure that women and families have access to health insurance coverage, regardless of their income.

**WE SUPPORT THE EXPANSION OF MEDICAID AS A CRITICAL OPPRTUNITY TO IMPROVE WOMEN'S HEALTH, and**

**WE URGE THE DEFEAT OF HOUSE BILL 271**

For more information contact: Jennifer Frizzell, Senior Policy Advisor [jennifer.frizzell@ppnne.org](mailto:jennifer.frizzell@ppnne.org) 603.513.5334

5 Feb. 2013

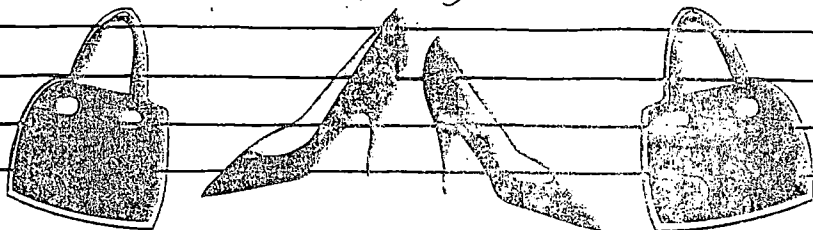
MY TESTIMONY TO THE NH LEGISLATURE  
ON HB 271 AKA MEDICAID EXPANSION

Good Morning to All of you.

Today I stand before you as a concern citizen of the State of New Hampshire & as a Mother of Occupy New Hampshire. Being a mother what that is, is that I am privileged to use the French word liberally :))

Before I get into the question of whether Medicaid Expansion is beneficial or not, please allow me to describe to you what Medicaid is as it stands today. In a nutshell, the very first question that we should be asking is this: How is Medicaid doing these days. And here is my answer. Medicaid is not a cure when you are sick neither will prevent you from being sick. What Medicaid does is prevent you from being dead while not having a quality of life either. All what Medicaid does is console you with false hope, an illusion that while you are in it you are not limited accessing care whenever you need it the most. However Medicaid started with it is no longer a Medicaid which provides a meaningful service when you get sick, when you get older or when you are struck with disabling illnesses.

How did I come up to this conclusion you maybe asking. I am on Medicaid since 2006 & put it on a test drive as far & wide as I could. While in it I also have a private HMO to compare it with. While I am in it I never reveal to any of my healthcare providers who I am in real life & what knowledge do I have as far as healthcare goes. In as much as I hate to broadcast my privacy I will today to support & give validity to my testimony. Before I came to United States I am licensed dentist specializing in Oral Surgery. <sup>in my country</sup> And then I get bored so went into Forensic Science in Dentistry. Then into Research. Having these background & all the knowledge in healthcare I know exactly when to call my PCP or any healthcare provider that doesn't pass my litmus test.

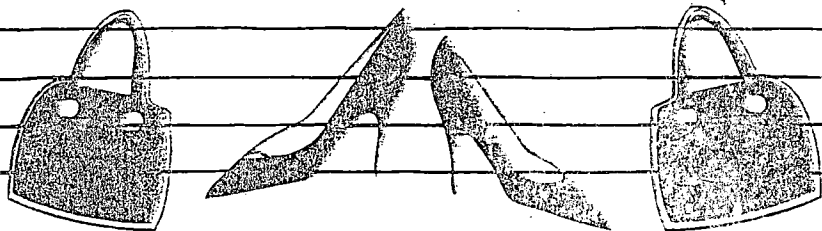




As we all know it that Medicine is not quite near to exact science, that is where the process of elimination plays its role as a money making machinery to the healthcare industry. The Medicaid is quite exploited to its knees as I can only imagine what ordinary people have to endure while the beast is siphoning every dollar, every dime they could out of a blood of a human being. How many of you goes to at least 2 laboratory when you needed a blood test, a urine test, a stool test? My father have taught me very early in life the importance of a back-up plan. How many of you knows what a confirmatory testing is? How many of your PCP's ordered it when a lab test came out as clear as normal as it can be? Someone on Medicaid who put all their trust on one basket is assured of an illness untreated for a lifetime. If you have a parasitic infection & you are on Medicaid, PCP's will order a stool test & ~~at~~ what laboratories do is an screening test. A screening test is like a dipstick in a car, even the dipstick is better, it tells you if your car still have an oil or not but whether how long or how dirty or how loose the parts of the engine is, is left to a prudent mechanic.

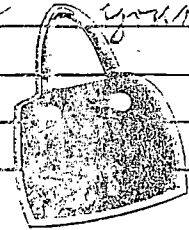
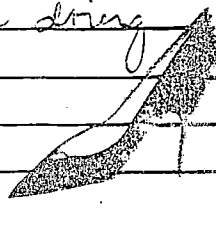
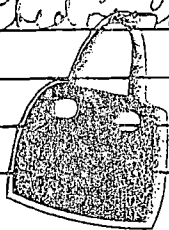
The Medicaid is like the boat Titanic. Medicaid does not work the way it is suppose to be. Why make a bigger Titanic? So more people could sink?

If all of you are convinced that Medicaid is working, how come no one among you say let us put our insurance premiums to our own State run healthcare insurance. Sell the Medicaid to all elected officials, state & federal employees & NGO's. Support our own.



We are not going to give a gift to 58 thousand NH citizens. We are giving a life jacket so let us ensure that these life jackets fits, it has a lifetime warranty & in excellent condition. It is assured to work in both natural & unnatural weather condition. We do not want to leave our generations' legacy to our children which might ending up saying "look what did they gave us a life jacket that when you needed the most, it does not work. Let it be a legacy that indulge freedom from the life sucking machinery of the healthcare industry. Let them be the creator of their own destiny. Allow them to order <sup>their own</sup> lab test or diagnostics on their own without a middle man's signature required attached to it. Let them write their own treatment plan, purchase their own medications, vitamins & minerals without going through the cupboards of begging to be seen by their own PCP. Allow them to pick 3 or 4 PCP at the same time. So when something goes screwy you can pit these PCP's against each other & sure enough if the pressure is right the thief will reveal itself to you. Do not be concern whether our children have the knowledge; fifty years ago there was no internet, today in a click of a mouse, you can see what is in your chesburger in San Francisco airport in 1983. Think & always remember that the internet is becoming a pandemonium weapon of exact precision against the tyranny of any kind. If we made a mistake of not double checking that Medicaid will assure them of care that they want & what they want is not exactly a copycat from 50 yrs. ago these message I am reading to you will resurface over & over again in every torrents, mirror websites, Redd-it, Facebook, Twitter you name it, we will become a laughing stalk of their generation.

Allow them to send their poop to Sweden. By saying sending, I am saying a microscope attach to the PC & the internet in 3 minutes a researcher in Uppsala University in Sweden would be able to tell you if you have a Giardia or not. And you are inside your bedroom doing those. In your pajama & 11 cats  
I'm wearing around you. ||



The ~~question~~ answer to the original question is the question is irrelevant. Whether we like it or not this generation here is going to make it, break it, alter it, & make a new one. That's a given.

The question that needs to be ask is. Are we going to fix it for them or they are going to fix it for us?

Don't give them something crappy coz I know more now than ever that these generation will throw it out. That might include all of you getting thrown out. Remember SBK is not going to go nuts on Facebook tonight once I posted this on our page.

So NH you have a chance not to become a laughing stalk. Do the right <sup>thing</sup> and do it with precision.

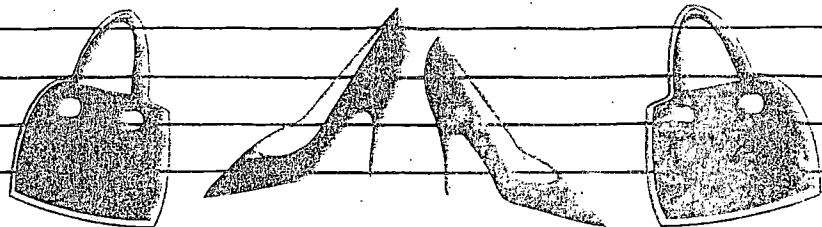
O BTW I didn't come here today to tell you what to do. I came' becuz I know somewhere along the line between tonight & onwards, these kids are going to find out & I am here so I can tell them, I told ~~you~~ you so.

You (NH Legislators)

Respectfully Submitted by:

Aiva Myrdall  
Occupy New Hampshire

Designer - Mother - I am a single parent here.



February 5, 2013

TO: Judith Johnston  
Health, Human Services & Elderly Affairs  
LOB Room 405  
Phone: 603-271-3334  
Fax: 603-271-6689

FROM: Katie Lajoie, RN  
Phone 603-826-4803



Total pages including cover=3

Please submit this to the public record, and please make copies for committee members in time for today's hearing on House Bill 271 (Representatives Hall, 10AM).

I will also send this to you via US mail. Thank you.

February 5, 2013  
Via Fax and US Mail

TO: Health, Human Services & Elderly Affairs Committee  
State House  
Concord, NH 03301  
Fax: 603-271-6689

FROM: Katie Lajoie, RN  
429 Wheeler Rand Road  
Charlestown, NH 03603  
Phone: 603-826-4803



COPY: Senator David Pierce, District 05  
Representative Steven Smith, District 11  
Representative Cynthia Sweeney, District 08

RE: House Bill 271  
An Act stating that New Hampshire will not accept expanded Medicaid

Dear Member of the Health, Human Services & Elderly Affairs Committee,

**As a registered nurse, I am writing to urge that you oppose House Bill 271.**

It is disturbing that some legislators want to deny their constituents access to health care coverage. In my work, I see the suffering that comes with lack of health care. Expanding Medicaid means more people will be able to get the care they need. This is not only an ethical imperative. It also makes economic sense. When people need to go to the emergency room for care, the cost is shifted to others.

I have enclosed a letter from the president of the American Nurses Association. She summarizes why the Affordable Care Act is important and how this law is already benefiting the American public. Note the mention of expanded Medicaid.

Please do the right thing by opposing House Bill 271 and by supporting legislation that expands the Medicaid program for the people of New Hampshire.

Thank you.

Enclosure: Karen A. Daley, PhD, MPH, RN, FAAN (2013). *ANA Praises Supreme Court Decision Upholding Health Care Law: Pres. Daley Letter*

File Copy HB 271



## NursingWorld

### ANA Praises Supreme Court Decision Upholding Health Care Law: Pres. Daley Letter

Dear ANA Member and Colleague,

For more than 20 years, the American Nurses Association has advocated for health care reform in the United States to provide universal, affordable health insurance and create a system that emphasizes prevention and wellness rather than "sick care." Today, we've earned a hard-fought victory with the U.S. Supreme Court's decision to uphold the Affordable Care Act – for patients, nurses, and the nation. I am grateful for your support of ANA's efforts to create a health care system that works better for everyone.

We worked tirelessly to influence the law to ensure a larger role for nurses to provide patient-centered care and to make our fullest contribution to health care. Our voices were heard on Capitol Hill at rallies and congressional hearings, and at the White House. ANA members' activism contributed to the law's enactment. I'm extremely proud of us for making a huge difference for our patients and our profession.

We're already seeing benefits from the law making a big difference in people's lives. Young adults are able to retain health insurance under their parents' policy; seniors are receiving free prevention services; insurance companies can't impose annual or lifetime coverage limits; and individuals with pre-existing conditions have new options for health insurance.

More crucial reforms are coming that will provide 30 million currently uninsured individuals health insurance through more affordable private insurance and Medicaid expansion.

We believe health care is a basic human right. The Affordable Care Act moves toward achieving that vision. But there's more work to do to ensure that everyone has access to essential health care services.

As a longtime emergency department nurse, I've seen the devastating consequences when patients without insurance use the ED as a last resort, with severe and costly conditions that could have been prevented. The United States can do better. ANA will continue to advocate for a system that focuses on wellness, early intervention, chronic disease management, and care coordination – areas of nurses' expertise.

The law represents progress for our profession. It funds nursing education, creates innovative, team-based care delivery models with nurses as key participants, and expands nurse-managed health services.

ANA will continue to advocate for you, your families and your patients. We're working tenaciously to ensure we take full advantage of nurses' capabilities to provide high-quality, comprehensive care. We're protecting APRNs' eligibility to serve as primary care providers, and patients' rights to choose them.

Thank you for working to shape a higher quality, more effective health care system. Together, through the strength of nursing's leadership, we will influence the changes we want to see for our patients and our profession.

With sincere appreciation,

Karen A. Daley, PhD, MPH, RN, FAAN

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American Nurses Association • 8515 Georgia Ave • Suite 400 Silver Spring, MD  
20910  
1-800-274-4ANA

Testimony Submitted to  
House Health, Human Services, and Elderly Affairs Committee  
Hearing on House Bill 271

Tuesday, February 5, 2013

I have worked as a community health nurse in New Hampshire for over forty years. During that time, I have met many adults who lack access to healthcare. Even though their incomes are very low, they do not meet the categorical requirements for NH Medicaid, so they typically go without care until they are very ill, and then they seek treatment in the local emergency rooms. Healthcare provided in this way is sporadic, lacks continuity and is very expensive.

It has always struck me as "penny-wise and pound-foolish" that New Hampshire has long provided care through the Child Health Insurance Program (CHIP) for the children in these families, but not the parents. Consider all of the tasks that parents need to accomplish to raise healthy, well-adjusted children: keep a job, provide a home, cook meals, help with schoolwork, provide transportation, and take time everyday to sit and listen. Now imagine doing all of this when you're not feeling well, but you don't have health insurance and you don't have the extra money to see a doctor or fill a prescription. Sadly, that's the predicament today of many of these families.

The opportunity that we now have to expand New Hampshire's Medicaid program would open up access to healthcare for the adults in these families. I strongly urge you to vote in favor of this expansion.

Sincerely,

Bernadette Cameron  
91 Mountain View Road  
Deerfield, NH 03037

Testimony Submitted to  
House Health, Human Services, and Elderly Affairs Committee  
Hearing on House Bill 271

Tuesday, February 5, 2013

Thank you for the opportunity to submit written testimony on HB 271, a bill that would prohibit the state of New Hampshire from expanding its Medicaid Program. I am testifying as a concerned citizen and I oppose this bill because it would prohibit New Hampshire from taking advantage of the expanded Medicaid opportunity under the Affordable Care Act.

Such an action would be bad for our state—on both moral and economic grounds.

If the Granite state were to say “no” to the Medicaid expansion, low-income working people in NH will be left in a “coverage canyon,” and be the only population with no available, affordable, health coverage option come 2014.

On the other hand, if NH goes ahead and expands Medicaid, tens of thousands more people will be covered and able to get timely, preventive treatment for illnesses instead of delaying care and landing up in the emergency room where treatment is the most expensive. Expanding Medicaid also will decrease the uncompensated care currently being provided by hospitals, doctors, and other community health care providers. This will help relieve the current pressure on providers and health insurers to shift uncompensated care costs onto NH’s business community, and on to all of us who pay the cost of private health insurance premiums.

Gaining health coverage is beneficial to employees and employers alike. Covered workers miss fewer days and are more productive on the job.

It is fiscally prudent to take up the Medicaid expansion option. More than 2.5 billion federal dollars will be pumped into NH’s economy, and according to the Lewin Group which recently studied the issue, our state’s share of the cost during the first seven years totals \$18.4 million. The state’s share over 7 years is just a bit more than ¼ of 1% increase over what NH would be spending on its existing Medicaid program *anyway* during that same amount of time—and, up to 58,000 additional NH resident would be covered.

I think the choice is clear. This committee needs to reject HB 271 because it is short-sighted and fiscally reckless legislation.

As you move forward, I urge this committee to enact legislation that will enable Medicaid expansion here in New Hampshire. Expanding Medicaid would be good for patients, health care providers, and for New Hampshire’s business community and our economy.

Respectfully Submitted:  
Joan Jacobs  
Portsmouth, NH  
373-8517



HB 271- File Copy

**Regarding HB271 NH HHS Committee Hearing 2/5/13**

**Sales Strategies Inc.**

10 Old State Road, Litchfield NH 03052 - 603-315-9814

February 4, 2013

To whom it may concern:

As a Small Business owner, I am writing to add my voice to your hearing on expansion of Medicaid in NH.

New Hampshire will sell itself short to forego the proposed Medicaid Expansion Program. Small Business cannot afford to have the State make a unilateral decision to forego this opportunity. As small business owner, it is impossible to provide medical coverage because of the exorbitant cost to small groups. The uninsured are often twice or three times more than the cost paid by insurance companies for the insured population. Often, the uninsured cannot afford to pay. The cost of care is then shared by the citizens of the state through higher negotiated billing rates paid by insurance companies to providers which results in increased premiums, and by State reimbursements to these facilities.

We all pay an additional price that result from the uninsured. Absences from work can cause a major disruption to a small business. Many employees of larger companies become ill because of their proximity and interaction with the uninsured. Often the uninsured try to "tough it out" and attend work because they feel they cannot afford to do otherwise. Personally, when I walk into a restaurant these days, the first question I ask is "does the owner provide health insurance to all of its employees?" I don't want to become ill because the food preparers and servers are coming to work ill.

I am often a skeptic of "consultant studies." I did them for a living and I know how easy it is to skew the data used to draw conclusions. At the same time, If I take the Lewin Group Report commissioned by the NH Department of Health and Human services, the proposed Medicaid expansion (has the potential to) pump \$2B into the NH economy over the first 7 years. Hospitals and Clinics would once again be able to provide adequate staffing. It will not only reduce absenteeism, but will create new jobs and increase employee income leading to increased consumer spending. Even if the report is off by half, the benefits will be staggering! Even 25% or even 10% would be a significant improvement over the current situation.

It's time that NH began to receive its "fair share" of the dollars we send to Washington. Not to take advantage of this opportunity will once again result in NH sending dollars south to fund other states expansions of medical care and the benefits that will can result with zero benefit to this State.

Many citizens have become disgusted with the partisan gridlock that has been so painfully evident in Concord, particularly over the last two years. Please demonstrate to our citizens you, our elected officials, can be pragmatic and do what is best for our state.

Thank you for your consideration of my viewpoints.

Mary Welch, President

James M. Contois, B.A., *Summa Cum Laude*  
Rebecca B. MacKenzie, MSW, LICSW, CSSW, BCPC  
7 Glenwood Drive, Claremont, New Hampshire 03743  
(603) 542-0268  
~~reb178@myfairpoint.net~~

February 4, 2013

State House of Representatives  
107 North Main Street  
Concord, New Hampshire 03301

Our Honorable Representatives:

My wife and I work with New Hampshire's most vulnerable citizens, the disabled and those living in poverty. We are familiar with their stories, the stories of their family members, and the stories of many who are of limited means. Due to this work, **we urge you to vote NO on HB 271 for the following reasons:**

**House Bill 271 rejects the Medicaid Expansion for NH**

- House Bill 271, proposed by former House Speaker Bill O'Brien, would prohibit NH from taking advantage of the Medicaid expansion opportunity under the Affordable Care Act.
- Rejecting the Medicaid expansion is wrong for our state. Please say "no" to HB 271!

**The Medicaid Expansion opportunity is good for NH**

- Medicaid expansion would enable 58,000 hard-working NH residents who are lower income to have affordable, reliable health coverage and the economic security that comes with it.
- Health insurance coverage has a beneficial impact on the lives, health outcomes, economic security, productivity, and success of working individuals, families, and communities.
- Working people who are covered are more productive and miss fewer days at work due to illness.
- Children benefit from parents who are covered and healthy. Parents who are covered are in better health to care for their families and take part in communities.
- When covered, NH residents get check-ups and preventive services, necessary follow-up care, and cost-effective treatment of chronic illness, instead of accessing delayed, inefficient, and much more expensive care in emergency rooms.
- The Medicaid expansion will result in a healthier NH workforce, healthier individuals and families, and healthier and more productive communities. But that's not all. . .

**Medicaid Expansion is good for NH's economy, and for our state budget**

- The Lewin Group says that Medicaid expansion would cost NH zero state funds in the upcoming two-year state budget, while bringing \$422 million in federal funds to our state during the same two-year time period.

- Medicaid expansion would reduce the uncompensated care delivered by NH's hospitals, doctors, and community health care providers.
- As a result, Medicaid expansion also would relieve the pressure on health care providers and health insurance companies to shift these uncompensated care costs onto businesses, and onto all of us who pay the cost of health insurance premiums.
- Dollars for the Medicaid expansion would create jobs in NH, and this coverage opportunity would be a direct help to businesses that cannot now afford to cover their hard-working employees that are lower income.
- Medicaid expansion is good for working families, for health care providers, for NH businesses, and for our state's economy.

**HB 271 prohibits the Medicaid Expansion opportunity, and is the *wrong* choice for NH**

- If NH rejects the Medicaid expansion opportunity, working people who are lower income in NH will be left as the *only* population in our state with no available, affordable health coverage option come 2014.
- Without health coverage, NH residents will rely on resources such as hospital emergency rooms for medical care. That's the most inefficient and nonsensical and costly way to deliver medical care. No one wants that.
- If NH rejects the Medicaid expansion, our state will lose out on substantial and ongoing federal funds for our economy that would benefit all of us – individuals, families, businesses, and communities.
- If NH rejects the Medicaid expansion, our state's health care providers will lose out on this meaningful opportunity to lower their uncompensated care costs.
- As a result, if NH rejects the Medicaid expansion, our state's businesses and all of us who pay the cost of private health insurance premiums will risk increasing health insurance premium costs from health care cost-shifting by providers and health insurers.
- If NH rejects the Medicaid expansion, we will lose out on this helpful and sensible chance for increased health system stability, for improved individual and family health, for a healthier workforce, and for increased economic security.
- And finally, if NH rejects the Medicaid expansion, NH taxpayers – *all of us* – will be paying for and subsidizing the Medicaid expansion in other states all over the country without bringing *any* of these important benefits back home.

***Please do the sensible thing for our state. Please support the Medicaid Expansion opportunity for NH.***

***We are asking you to say an enthusiastic "No" to House Bill 271***

Thank you!

James M. Contois

Rebecca B. MacKenzie

*File Copy HB 271*

**James M. Contois, B.A., *Summa Cum Laude***  
**Rebecca B. MacKenzie, MSW, LICSW, CSSW, BCPCC**  
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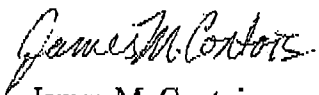
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***We are asking you to say an enthusiastic "No" to House Bill 271***

Thank you!



James M. Contois



Rebecca B. MacKenzie

File Copy #B 271  
 Nashua Soup Kitchen +  
 Shelter guests \*

SHOULD NOT PASS: BILL TO STOP MEDICAID EXPANSION

HOUSE BILL 271 - NO

We want Medicaid to expand to include individuals who make up to \$15,000 a year and families of 4 who make up to \$31,000.

Many people we know do not get preventive care, get sicker, and die from lack of medical coverage.

Name (Print)	Signature	Address
EILEEN BRADY	Eileen Brady	57 Palm St, Nashua
* Christine Elizabeth	Christine Elizabeth	15 KESKE FARM DR.
* Lenny Depina	LEONARD DEPINAS	720 WEST
* Keeia Senterre	Keeia Senterre	2 Dawn St. Nashua
* Donna Duvall	Donna Duvall	44 Chesnut St
* PATRICIA WINSLOW	Patricia Winslow	30 Chestnut St Nashua
Mary Ellen Foley	Mary Ellen Foley	50 River Rd Manchester NH 03104
MADONNA MORAN	Madonna Moran	288 Blynton St. Manchester, NH 03102
ASSUNTA M. Riley	Assunta M. Riley	27 Will St. Nashua NH 03060
ANASTASIA Smith	Anastasia Smith	27 Will St Nashua 03060
May Cronin	May Cronin	27 Will St, Nashua, NH 03060
* Rachel Bauchard	Rachel Bauchard	91 Belknap Rd Hudson N.H.
* Jonathan Coffin	Jonathan Coffin	56 Cabotgan way NASHUA NH
* STEVEN K JEAN	STEVEN K JEAN	27 PAXTON TERR NASHUA NH

File Copy HB 271

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Name (Print)

Signature

Address

Name (Print)	Signature	Address
<del>Erica B...</del>	<del>Erica B...</del>	<del>57 Park St, Nashua</del>
* Paul Bissereith	Paul Bissereith	58 ASH ST, NASHUA
* Brian Dandreaault	Brian Dandreaault	28 Railroad Sq.
* Michael Paulhus	Michael Paulhus	45 High St. 5 <sup>th</sup> floor Nashua
* Scott Schiessel	Scott Schiessel	40 Chestnut
* Gary Underwood	Gary Underwood	40 Chestnut Nashua,
* Steve Barlowin	Steve Barlowin	40 CHESTNUT ST. NASHUA
* Chuck Hering	Chuck Hering	40 Chestnut Nashua
* Robert Mercier	Robert Mercier	Nashua
* Shawn Jerome	Shawn Jerome	10A Pine
* Bonnie Under	Bonnie Under	10A Pine
* David Summa	David Summa	Nashua, NH
* Mike SINGER	Mike SINGER	Nashua NH.
* Michael Nael	Michael Nael	Nashua, NH

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Name (Print)

Signature

Address

~~Eileen Brady~~

~~Eileen Brady~~

~~57 Park St, Nashua~~

\* WAYNE EDWARD NOLETTE <sup>Wayne</sup> ~~Wayne Edmond Nolette~~ 6 Canal St Nashua

\* Jonathan Stimel <sup>Jonathan</sup> ~~Jonathan Stimel~~ Nashua St.

\* ~~\_\_\_\_\_~~ 11 Lower St.

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**New Hampshire Medicaid Expansion:**

**As Promulgated Under the Affordable Care Act**

*Whereas*, the physicians of the New Hampshire Medical Society believe that providing healthcare coverage for all N.H. citizens is an important policy and public health goal; and

*Whereas*, the New Hampshire Medical Society has not taken an official position on the 2010 Affordable Care Act; however, the New Hampshire Medical Society supports its broad goals; and

*Whereas*, the United States Supreme Court generally affirmed the constitutionality of the Affordable Care Act while providing states an option of whether to accept Medicaid expansion funds from the federal government to expand coverage to the newly "insured"; and

*Whereas*, the State of New Hampshire retained The Lewin Group to conduct an analysis of the impact on N.H. in accepting Medicaid expansion funds. The Phase I and Phase II reports concluded that between 2014 and 2020, N.H. stands to receive between \$1.95 billion and \$2.71 billion in additional Medicaid funding (under Medicaid expansion) and may incur costs of approximately \$18 million (\$85 million in addition costs to the state with at least \$67 million in projected savings/increased revenues). Accepting these funds is projected to provide health coverage to an estimated 62,237 N.H. residents (by 2020) who are currently uninsured, translating to a cost of less than \$50 per person per year for those covered under Medicaid expansion; and

*Whereas*, it is well documented that patients with coverage and access to the healthcare system are healthier and ultimately may incur lower medical costs and are more productive citizens; now therefore be it

*Resolved* that, the New Hampshire Medical Society recommends the State of New Hampshire accept federal Medicaid expansion funds as promulgated under the 2010 Affordable Care Act and use such funds for the specific purpose of covering those individuals as contemplated under the act.

*File Copy H B 271*

## **Bloomberg Businessweek**

### **News From Bloomberg**

#### **Medicaid Expansion's Costs to States Leave Governors Undecided**

By William Selway and Esmé E. Deprez on July 16, 2012

<http://www.businessweek.com/news/2012-07-16/medicaid-expansion-s-costs-to-states-leaves-governors-undecided>

Governors who haven't decided whether to expand Medicaid to more low-income Americans, a key provision of President Barack Obama's health-care overhaul, said the program may wring too much money from their states.

Republican governors said at a conference in Williamsburg, Virginia, over the weekend that they will wait to see whether their party's presumptive presidential nominee, Mitt Romney, wins election in November and overturns the health-care law. Democrats who haven't taken a position said they're weighing the costs and benefits.

The majority of U.S. governors haven't committed to expanding Medicaid, an option created by a U.S. Supreme Court ruling last month. About 17 million Americans would be eligible to receive Medicaid benefits under the expansion, with costs mostly paid by the federal government.

"We're not going to spend any money, we're not going to exert any taxpayer money or resources on a system that very well could be on a path to being repealed," Wisconsin Governor Scott Walker, a Republican, told reporters at the National Governors Association meeting. "It's premature to spend any time even thinking about it until after the election."

The issue has injected governors into an election-year debate over Obama's health-care overhaul; the biggest change to the U.S. health system since Medicaid and Medicare, which covers the elderly, were established in 1965.

### **Majority Undecided**

Governors of at least six states -- all Republicans -- have objected to the Medicaid expansion and at least 26 say they're undecided, according to interviews and public statements.

The Supreme Court said the federal government couldn't force states to broaden Medicaid, a joint federal-state program.

The Patient Protection and Affordable Care Act allows for Medicaid to be opened to everyone with incomes up to 133 percent of the poverty line, or about \$25,400 for a family of three. If states don't expand the program, millions of Americans struggling near poverty would still be without health care coverage when the law takes hold, unable to either qualify for Medicaid or the subsidies given to those with higher incomes to buy insurance.

Pennsylvania Governor Tom Corbett, a Republican who has yet to decide, said he must balance the needs of the poor against the pressure on a state budget already squeezed by other expenses, such as the rising cost of pensions for public employees.

## State Obligations

"I am always worried about the people, but we have to worry about the state economy as a whole and what it will do to the state budget," he said in an interview.

Virginia Governor Robert McDonnell, a Republican, said he has unanswered questions about the state's obligations if it accepts Medicaid funding. He also said he is leery of committing to the expansion unless the Medicaid program is overhauled.

"Until we get more answers and more certainty, I don't have enough answers to tell you whether it's a good idea for my state," McDonnell told reporters.

Three Democrats -- governors John Hickenlooper of Colorado, Jay Nixon of Missouri and Steve Beshear of Kentucky -- said in interviews over the weekend that they're still considering whether expanding the program is in the best interests of their states.

"I don't have a problem philosophically with it," Beshear said in an interview. "I've just got to make sure we can afford it."

He added: "I owe it to the taxpayers of Kentucky to make sure I make a fiscally responsible decision. So I am going to take my time to do it."

## 'Complicated Issues'

Nixon said he is working with lawmakers to determine how to proceed.

"These are complicated issues dealing with billions of dollars and hundreds of thousands of people," Nixon said in an interview.

Governor Martin O'Malley of Maryland, head of the Democratic Governors Association, said in an interview that the some Democrats' reluctance to embrace the Medicaid expansion reflects a need to build consensus with Republicans in their states.

O'Malley, who plans to expand Medicaid, said the program would benefit his state financially and create jobs.

Even though the federal government would pay most of the costs -- 100 percent until 2017, with states' share rising to a maximum of 10 percent after that -- governors said they couldn't be certain that U.S. lawmakers would abide by that agreement.

## Federal Costs

Under the law, the U.S. would pay about \$931 billion through 2022, and the states would pay \$73 billion, according to the Center on Budget and Policy Priorities, a Washington-based group that examines the effects of government policy on the poor.

Corbett joined other Republicans in expressing concern that Congress might push more costs to states as the federal government faces pressure to curb the rising national debt.

“They hit hard times then it starts going down,” Corbett said, referring to the federal government’s contribution. “So that’s not an inducement to me at all. They make it sound like it’s free money, but it’s not.”

Governors said they also want more information about their ability to withdraw from the expansion if the terms change.

## State Recovery

States are recovering financially from the toll of the 18- month recession, which battered tax collections when the economy slumped and led more unemployed residents to seek Medicaid benefits. Medicaid has been the fastest-growing part of state budgets over the past decade, expanding twice as much as spending on education, according to the National Governors Association.

Even if the federal government pays 90 percent of the cost, Alabama Governor Robert Bentley, a Republican who hasn’t decided about expanding Medicaid, said his state may not be able to afford it.

“We don’t know that we can add more people to the system, even at 10 percent,” Bentley said.

The discussion of Obama’s health-care plan added a partisan cast to a governors meeting typically focused on shared concerns.

At a news conference, Vermont Governor Peter Shumlin, a Democrat, criticized Republicans who say they are going to wait until after the election to make a decision.

“It’s not only irresponsible, it’s disingenuous,” he told reporters.

Asked about Democrats who hadn’t made a decision, Shumlin said his comments apply to every governor.

“Either you believe and you take it or you don’t and you won’t,” he said.

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The New York Times

**Economix**

Explaining the Science of Everyday Life

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## How Much Would the Medicaid Expansion Cost Your State?

By ANNIE LOWREY

The 50 statehouses have become the next major battleground for the Affordable Care Act, President Obama's health care law.

Last week's Supreme Court decision held that each state could choose whether to extend Medicaid coverage to all adults living within 133 percent of the poverty line - an expansion that could add as many as 17 million previously uninsured people to the Medicaid rolls. The federal government would cover a vast majority of the new costs, but strapped states would need to kick in some money, too.

Some governors, like Martin O'Malley, Democrat of Maryland, have indicated they will say yes. Several Republican governors have said they will say no.

But will it be a good deal for the states to take the money and cover more people?

I created a chart to show how much a state would have to spend in dollar terms and as a percentage of its 2011 economic output to expand coverage between 2014 and 2019. (The cost estimates come from the indispensable Kaiser Family Foundation, and the state output estimates come from the Bureau of Economic Analysis.) I also added in how much the federal government would spend in a state if it chose to expand coverage, again in dollar terms and as a percentage of the given state's economic output.

A few states would actually save money - meaning their new spending would be negative. Those states already have relatively broad Medicaid eligibility, and would have to spend less as the federal financing in the Affordable Care Act kicked in. (For more on how that works, see this Kaiser study.)

You can check your state out in the table below, created with the help of the graphics designer Alicia Parlapiano.

	State spending, 2014-19, in millions	State spending as percentage of 2011 G.D.P.	Federal spending, 2014- 19, in millions	Federal spending as percentage of 2011 G.D.P.
Vermont	(\$26)	-0.10%	\$112	0.43%
Massachusetts	(\$1,274)	-0.33%	\$2,137	0.55%
Delaware	\$3	0.00%	\$387	0.59%
New York	\$50	0.00%	\$8,049	0.70%
Arizona	\$56	0.02%	\$2,091	0.81%
District of Columbia	\$42	0.04%	\$902	0.84%
North Dakota	\$32	0.08%	\$595	1.48%
Wisconsin	\$205	0.08%	\$4,252	1.67%
South Dakota	\$32	0.08%	\$717	1.79%
Wyoming	\$32	0.09%	\$683	1.82%
New Jersey	\$533	0.11%	\$9,030	1.85%
Iowa	\$147	0.10%	\$2,800	1.88%
<b>New Hampshire</b>	<b>\$63</b>	<b>0.10%</b>	<b>\$1,204</b>	<b>1.89%</b>
Connecticut	\$263	0.11%	\$4,686	2.04%
Virginia	\$498	0.12%	\$9,629	2.24%
California	\$2,982	0.15%	\$44,694	2.28%
Washington	\$380	0.11%	\$8,271	2.33%
Nebraska	\$106	0.11%	\$2,345	2.49%
Colorado	\$286	0.12%	\$5,917	2.53%
Nevada	\$188	0.14%	\$3,445	2.64%
Kansas	\$166	0.13%	\$3,477	2.66%
Florida	\$1,233	0.16%	\$20,050	2.66%
Minnesota	\$421	0.15%	\$7,836	2.78%
Illinois	\$1,202	0.18%	\$19,259	2.87%
Louisiana	\$337	0.14%	\$7,273	2.94%
Pennsylvania	\$1,054	0.18%	\$17,086	2.95%
Maryland	\$533	0.18%	\$9,112	3.03%
Indiana	\$478	0.17%	\$8,535	3.07%
Rhode Island	\$70	0.14%	\$1,559	3.11%
Utah	\$174	0.14%	\$4,129	3.32%
Missouri	\$431	0.17%	\$8,395	3.36%
Georgia	\$714	0.17%	\$14,551	3.47%
Ohio	\$830	0.17%	\$17,130	3.54%
Maine	(\$118)	-0.23%	\$1,857	3.60%

<b>Michigan</b>	\$686	0.18%	\$14,252	3.70%
<b>Alaska</b>	\$117	0.23%	\$2,046	3.98%
<b>Texas</b>	\$2,619	0.20%	\$52,537	4.02%
<b>Tennessee</b>	\$716	0.27%	\$11,072	4.15%
<b>Idaho</b>	\$101	0.17%	\$2,402	4.15%
<b>Hawaii</b>	(\$28)	-0.04%	\$2,999	4.48%
<b>North Carolina</b>	\$1,029	0.23%	\$20,712	4.71%
<b>Oregon</b>	\$438	0.22%	\$10,302	5.29%
<b>West Virginia</b>	\$164	0.25%	\$3,781	5.66%
<b>New Mexico</b>	\$194	0.24%	\$4,510	5.68%
<b>Montana</b>	\$100	0.26%	\$2,178	5.73%
<b>Alabama</b>	\$470	0.27%	\$10,305	5.95%
<b>South Carolina</b>	\$470	0.28%	\$10,919	6.59%
<b>Kentucky</b>	\$515	0.31%	\$11,878	7.21%
<b>Oklahoma</b>	\$549	0.35%	\$12,179	7.86%
<b>Arkansas</b>	\$455	0.43%	\$9,401	8.88%
<b>Mississippi</b>	\$429	0.44%	\$9,865	10.09%

# WebMemo



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## Expanding Medicaid: The Real Costs to the States

*Edmund F. Haislmaier*

Both the House and Senate health care bills would increase health insurance coverage principally by expanding the federal-state Medicaid program. In fact, depending on the version enacted, the Medicaid expansion would account for between three-fifths and four-fifths of the projected reduction in the uninsured population under the legislation.

While the national debate over the cost of these bills has focused largely on their federal budget implications, their Medicaid expansion provisions would also impose significant additional costs on state government budgets and state taxpayers. Not surprisingly, governors and state legislators—from both parties and across the country—are objecting to the added costs that these bills would impose on their states. Their concerns are genuine and justified.<sup>1</sup>

**Hidden Expenses.** Both bills attempt to address state concerns by having the federal government pay for a large share of the expansion costs.

Under the House bill, the federal government would pay all of the benefit costs for the expansion in the first two fiscal years (FY 2013 and FY 2014) and then 91 percent of the benefit costs in subsequent years. The Senate bill would pay for all of the benefit costs for the expansion in the first three calendar years (2014 through 2016) and then between 81 percent and 95 percent (depending on each state's match rate) in subsequent years.

However, even with the enhanced federal match rates, states would still face significant additional Medicaid costs.

**Added Administrative Costs.** Furthermore, beyond the benefit costs of the expansion, there would be significant additional administrative costs—which are not included in the official estimates—to both the federal and state governments.

Administrative costs are divided between the state and federal governments at separate, uniform match rates. The standard administrative cost match rate is 50 percent, though the federal government provides higher match rates for a few, specified administrative expense items.

The most recent available Medicaid expenditure data (for federal FY 2006 and 2007) show that administrative expenses add an average of 5.5 percent on top of total (federal and state) benefit costs and that, on average, the federal government pays 55 percent of total administrative costs, with the other 45 percent paid by the states.<sup>2</sup> Because neither bill changes the match rates for administrative costs, this additional state spending on administrative costs will occur even if the federal government pays 100 percent of the added benefit costs.

Just the state share of administrative costs for the benefit expansion is projected to be \$9.6 billion for FY 2014 to FY 2019 under the Senate bill and \$14 billion for FY 2013 to FY 2019 under the House bill. Indeed,

This paper, in its entirety, can be found at:  
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## Estimated Federal and State Costs for Benefits and Administration for the House and Senate Medicaid Expansions

Figures below are in millions, by federal fiscal year.

	2013	2014	2015	2016	2017	2018	2019	2013-2019
<b>Senate Bill</b>								
<b>Benefits</b>								
Federal	0	\$33,066.6	\$51,927.1	\$63,835.8	\$67,264.3	\$71,740.2	\$76,843.2	\$364,677.0
State	0	-66.6	-127.1	-135.8	5,381.7	8,227.9	9,274.5	22,554.7
<b>Administration</b>								
Federal	0	1,000.0	1,569.7	1,930.3	2,201.4	2,423.3	2,609.6	11,734.3
State	0	821.1	1,288.8	1,584.9	1,807.5	1,989.6	2,142.6	9,634.5
<b>Subtotal Federal</b>	0	34,066.6	53,496.8	65,766.1	69,465.7	74,163.4	79,452.8	376,411.3
<b>Subtotal State</b>	0	754.5	1,161.7	1,449.1	7,189.2	10,217.5	11,417.1	32,189.1
<b>Total</b>	0	34,821.1	54,658.5	67,215.2	76,654.9	84,380.9	90,869.9	408,600.5
<b>House Bill</b>								
<b>Benefits</b>								
Federal	\$38,600.0	\$60,100.0	\$68,400.0	\$75,900.0	\$83,300.0	\$89,700.0	\$96,100.0	\$512,100.0
State	432.4	648.5	7,485.4	8,227.2	9,031.1	9,736.2	10,441.2	46,002.0
<b>Administration</b>								
Federal	1,169.7	1,821.2	2,277.7	2,527.5	2,773.9	2,987.0	3,200.1	16,757.1
State	986.1	1,533.8	1,912.9	2,118.0	2,324.6	2,503.9	2,683.1	14,062.4
<b>Subtotal Federal</b>	39,769.7	61,921.2	70,677.7	78,427.5	86,073.9	92,687.0	99,300.1	528,857.1
<b>Subtotal State</b>	1,418.4	2,182.4	9,398.4	10,345.2	11,355.7	12,240.0	13,124.3	60,064.5
<b>Total</b>	41,188.1	64,103.6	80,076.1	88,772.7	97,429.6	104,927.0	112,424.4	588,921.6

Sources: Author's calculations based on data from CMS Office of the Actuary estimates for the cost and coverage effects of the legislation, U.S. Census data on the distribution of the uninsured population by state (as reported in a Federal Funds Information for States study), historical Medicaid match rate data from Kaiser Family Foundation, StateHealthFacts.org, and a Congressional Research Service Report on Medicaid administrative costs. See Methodology appendix for further details.

Table 1 • WM 2757  heritage.org

the state share of administrative costs for the expansions would exceed \$100 million a year in each of the four biggest states (California, Florida, New York, and Texas) and, under the House bill, is projected to cost California over \$385 million a year by FY 2019.

**Cost Burden on States.** Calculations of state costs, derived from the coverage and federal cost estimates prepared by the Centers for Medicare and

Medicaid Services (CMS), show that the Senate bill would increase state Medicaid spending—for both benefits and administration—by \$32.6 billion for FY 2014 to FY 2019, while the increased Medicaid costs to states under the House bill would be \$60 billion for FY 2013 to FY 2019.<sup>3</sup>

Table 1 summarizes the federal and state Medicaid costs under the two bills.

1. See Dennis G. Smith, "Medicaid Expansion Ignores States' Fiscal Crises," Heritage Foundation *WebMemo* No. 2744, January 5, 2010, at <http://www.heritage.org/Research/HealthCare/wm2744.cfm>.
2. April Grady, "State Medicaid Program Administration: A Brief Overview," Congressional Research Service *Report for Congress*, updated May 14, 2008, and John Holahan, Alshadye Yemane, and David Rousseau, "Medicaid Expenditures Increased By 5.3% in 2007, Led by Acute Care Spending Growth," Kaiser Commission on Medicaid and the Uninsured, September 2009.

The Medicaid expansion is bigger in the House bill than in the Senate bill. The House bill would expand Medicaid up to 150 percent of the federal poverty level (FPL), while the Senate bill would expand coverage up to 133 percent of FPL. In the House bill, the expansion provisions would take effect in 2013; in the Senate bill, they would start a year later.

In addition, the House bill (but not the Senate bill) would require states to provide Medicaid “wrap-around” coverage to Medicare beneficiaries between 100 percent and 150 percent of FPL—at standard match rates.

Table 2 provides estimates of state spending for each of the 50 states and the District of Columbia under the Senate and House bills, respectively.

**The Senate Medicaid Special Deals.** The last-minute inclusion in the Senate bill of provisions giving three states special Medicaid funding deals has generated considerable attention and controversy.<sup>4</sup> Table 3 projects the savings to the three states from their special Medicaid funding deals.

Massachusetts and Vermont were given temporary increases in their federal matching rates for spending on their existing Medicaid populations for periods of three and five fiscal years, respectively.<sup>5</sup> The rationale offered is that those states have already expanded Medicaid coverage above the levels specified in the Senate bill and thus would incur few or no new costs as a result of the expansion.

While some might consider it illogical that extra federal funding should be earmarked for two states on the grounds that they need it the least, it is likely that the authors of these deals view the

extra federal payments as “rewards” to those states for having already imposed on their taxpayers the burdens that Congress intends to impose on the other 48 states.

It was, however, the Senate leadership’s offer to pay *all* of Nebraska’s added benefit costs for the Medicaid expansion that sparked the most controversy, with lawmakers in other states demanding similar deals. In fact, due to the way that provision was drafted, Nebraska will actually have to pay its share of the benefit cost for the expansion in FY 2017—estimated at \$16.9 million—with the exemption then applying in FY 2018 and beyond. Of course, as with all other states, Nebraska will still be responsible for paying its share of the extra administrative costs starting in 2014 when the expansion takes effect. Nebraska’s extra administrative cost over the period FY 2014 to FY 2019 would be an additional \$42.5 million burden on Nebraska taxpayers.

**Effect of Expanding the “Nebraska Exemption.”** As Table 1 shows, expanding the “Nebraska exemption” by having the federal government also relieve all of the other states of all of their remaining benefit costs for the Medicaid expansion would add another \$23 billion to the federal 10-year cost for the Senate bill, or another \$46 billion to the federal cost for the House bill, while still leaving states responsible for funding their share of administrative costs.


**Washington’s Solution: Punt It to the States.** Hiding behind all the costs, complexity, bureaucracy, and disruptions that these massive bills would impose on Americans who already have health insurance can be found this Congress’s principal solution to the problem of uninsurance:

3. Richard S. Foster, “Estimated Financial Effects of the ‘America’s Affordable Health Choices Act of 2009,’ as Passed by the House on November 7, 2009,” U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, November 13, 2009; Richard S. Foster, “Estimated Financial Effects of the ‘Patient Protection and Affordable Care Act of 2009,’ as Proposed by the Senate Majority Leader on November 18, 2009,” U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, November 13, 2009, at [www.cms.hhs.gov/ActuarialStudies/05\\_HealthCareReform.asp#TopOfPage](http://www.cms.hhs.gov/ActuarialStudies/05_HealthCareReform.asp#TopOfPage) (January 13, 2010).
4. See the Patient Protection and Affordable Care Act, H.R. 3590, 111th Cong., 1st Sess., Section 10201.
5. The enhanced match for Massachusetts applies to the last three quarters of FY 2014, all of FY 2015 and FY 2016, and the first quarter of FY 2017. The enhanced match for Vermont applies to FY 2015 through FY 2019.

# State Costs for Medicaid Expansion, by State

Senate Bill				House Bill		
Cumulative Costs for Federal Fiscal Years 2014–2019				Cumulative Costs for Federal Fiscal Years 2013–2019		
State	Benefits	Administration	Total	Benefits	Administration	Total
Alabama	\$178,677,869	\$159,108,628	\$337,786,497	\$739,829,113	\$229,480,953	\$969,310,066
Alaska	49,097,256	18,279,984	67,377,239	81,004,690	25,497,619	106,502,309
Arizona	306,774,136	273,175,475	579,949,611	1,280,913,513	409,886,766	1,690,800,279
Arkansas	127,439,363	113,481,889	240,921,252	513,949,752	164,521,711	678,471,462
California	5,609,655,848	1,410,423,054	7,020,078,902	6,603,642,597	2,020,386,934	8,624,029,531
Colorado	715,325,242	179,852,604	895,177,847	789,500,695	246,662,143	1,036,162,838
Connecticut	277,929,104	62,070,557	339,999,661	313,418,474	87,452,667	400,871,141
Delaware	76,883,317	17,265,469	94,148,786	92,484,675	25,404,608	117,889,283
District of Columbia	13,794,983	12,284,122	26,079,105	57,782,700	17,612,405	75,395,105
Florida	1,431,949,345	696,357,113	2,128,306,458	3,475,611,941	1,069,412,098	4,545,024,039
Georgia	396,113,071	352,729,789	748,842,860	1,678,739,355	531,752,910	2,210,492,265
Hawaii	37,792,781	17,430,110	55,222,891	92,704,450	25,584,893	118,289,343
Idaho	45,326,371	40,362,115	85,688,486	203,620,360	64,271,180	267,891,540
Illinois	1,509,032,039	380,988,253	1,890,020,292	1,730,991,344	521,071,396	2,252,062,739
Indiana	174,736,446	155,598,879	330,335,325	780,796,332	237,185,031	1,017,981,362
Iowa	66,355,387	59,080,979	125,436,366	291,345,982	85,858,520	377,204,502
Kansas	112,040,435	76,138,837	188,179,272	352,168,424	105,736,179	457,904,603
Kentucky	160,284,559	142,729,799	303,014,358	670,519,866	207,716,184	878,236,050
Louisiana	218,092,105	194,206,119	412,298,225	930,399,113	294,727,577	1,225,126,690
Maine	22,334,734	19,888,578	42,223,312	118,305,481	32,851,218	151,156,698
Maryland	616,028,427	137,579,070	753,607,496	639,859,737	191,941,734	831,801,470
Massachusetts	1,124,649,116	89,586,371	2,020,512,886	492,013,494	123,443,544	615,457,038
Michigan	482,288,162	228,641,513	710,929,675	1,086,980,019	329,484,257	1,438,182,275
Minnesota	381,078,050	85,107,052	466,185,102	404,395,067	117,192,618	521,587,685
Mississippi	173,422,638	154,428,962	327,851,600	685,860,320	223,145,634	909,005,954
Missouri	180,759,139	155,748,726	336,507,864	806,330,634	241,087,537	1,047,418,171
Montana	41,384,948	36,852,366	78,237,314	168,540,810	52,980,865	221,521,675
Nebraska	16,908,661	42,498,143	59,406,804	215,433,473	66,427,508	281,860,981
Nevada	296,318,022	95,507,702	391,825,724	415,865,632	131,115,546	546,981,178
New Hampshire	82,827,133	20,825,038	103,652,172	104,507,617	29,782,942	134,290,559
New Jersey	923,648,032	232,230,731	1,155,878,763	1,070,583,501	317,378,031	1,387,961,532
New Mexico	102,477,013	91,253,478	193,730,491	433,922,570	140,891,860	574,814,429
New York	2,080,717,986	523,150,207	2,603,868,192	2,476,494,891	715,104,771	3,191,599,661
North Carolina	359,326,451	319,972,130	679,298,581	1,536,968,888	474,811,404	2,011,780,291
North Dakota	17,079,502	15,208,913	32,288,415	75,378,373	22,861,579	98,239,952
Ohio	376,716,718	264,112,004	640,828,722	1,306,968,200	386,532,461	1,693,500,661
Oklahoma	175,393,350	156,183,837	331,577,187	704,659,937	224,840,139	929,500,077
Oregon	159,993,865	129,075,826	289,069,691	609,124,975	191,160,002	800,284,977
Pennsylvania	690,419,825	240,074,664	930,494,489	1,283,093,507	350,135,168	1,633,228,675
Rhode Island	55,459,401	17,869,662	73,329,063	94,519,419	26,207,403	120,726,822
South Carolina	157,656,944	140,389,966	298,046,909	698,337,113	216,720,832	915,057,945
South Dakota	20,364,022	16,133,704	38,497,726	95,911,095	28,948,580	124,859,676
Tennessee	206,924,738	184,261,830	391,186,569	920,352,381	279,343,787	1,199,696,168
Texas	1,855,211,343	1,306,207,368	3,161,418,711	6,030,064,732	1,926,201,724	7,956,266,455
Utah	78,171,568	69,610,025	147,781,593	353,174,640	114,074,116	467,248,756
Vermont	-174,104,157	8,315,135	-165,789,021	49,755,870	13,330,395	63,086,265
Virginia	737,914,461	185,532,160	923,446,621	906,288,663	274,534,877	1,180,823,540
Washington	512,524,564	133,298,011	645,822,575	655,592,393	196,550,159	852,142,552
West Virginia	63,719,681	56,740,945	120,460,626	277,385,058	86,328,148	363,713,206
Wisconsin	202,202,195	102,263,891	304,466,086	520,825,394	148,496,276	669,321,670
Wyoming	39,742,964	12,361,104	52,104,068	63,386,672	18,315,763	81,702,435
<b>U.S. Total</b>	<b>\$22,554,674,953</b>	<b>\$9,634,472,885</b>	<b>\$32,189,147,838</b>	<b>\$46,002,021,928</b>	<b>\$14,062,442,651</b>	<b>\$60,064,464,579</b>

Sources: Author's calculations based on data from CMS Office of the Actuary estimates for the cost and coverage effects of the legislation, U.S. Census data on the distribution of the uninsured population by state (as reported in a Federal Funds Information for States study), historical Medicaid match rate data from Kaiser Family Foundation, StateHealthFacts.org, and a Congressional Research Service Report on Medicaid administrative costs. See Methodology appendix for further details.


Table 2 • WM 2757  heritage.org

## Estimated Medicaid Savings for States with Special Deals in the Senate Bill

By Federal Fiscal Year

	2014	2015	2016	2017	2018	2019	2013–2019
Massachusetts	\$66,558,785	\$94,367,587	\$100,808,077	\$26,935,425	\$0	\$0	\$288,669,874
Vermont	\$0	\$32,700,442	\$34,955,837	\$37,366,340	\$40,154,054	\$43,177,139	\$188,353,812
Nebraska	\$0	\$0	\$0	\$0	\$27,923,986	\$33,086,808	\$61,010,794

Sources: Author's calculations based on data from CMS Office of the Actuary estimates for the cost and coverage effects of the legislation, U.S. Census data on the distribution of the uninsured population by state (as reported in a Federal Funds Information for States study), historical Medicaid match rate data from Kaiser Family Foundation, StateHealthFacts.org, and a Congressional Research Service Report on Medicaid administrative costs. See Methodology appendix for further details.

Table 3 • WM 2757  heritage.org

Dump the vast majority of the uninsured into Medicaid, leave the states with the messy job of trying to make it work, and give states just enough in extra transfer payments to buy off opposition until enactment.

It is neither an edifying spectacle nor good health policy.

—Edmund F. Haislmaier is Senior Research Fellow in the Center for Health Policy Studies at The Heritage Foundation.

**APPENDIX: METHODOLOGY**

State-level estimates were generated by using the CMS Actuary's estimates for the effect of the Medicaid expansions on enrollment at the national level and on federal Medicaid spending to derive the average federal cost per enrollee per year and by using the distribution of the uninsured population by income among the various states as a proxy for the distribution of the population that would be newly enrolled under the expansion provisions.

For example, if today a particular state accounts for, say, 1.2 percent of all uninsured Americans below 133 percent of FPL, then it is assumed that the state will also have a 1.2 percent share of the total new Medicaid enrollment under the Senate bill. Multiplying the projected per-capita federal cost by the number of projected enrollees in a state gives the portion of federal benefit spending that will flow to that state. The state costs are then calculated off the federal cost estimates by using the applicable match rates for each state as adjusted by the provisions of the legislation.

The added administrative cost load was calculated by applying current ratios for total administrative costs as a percent of total benefit spending and then apportioning those costs between the federal and state governments based on historical data that indicate an average effective Federal Medical Assistance Percentage (FMAP) of 55 percent for all administrative costs.

These state-level estimates should be treated as approximate. State officials will likely be able to construct more precise estimates for their own states using their own coverage and Medicaid program data—data that are not easily available to external researchers.

In general, basing these estimates on the CMS projections implicitly incorporates into them the underlying CMS assumptions for future population and spending growth rates. Using CPS data on the uninsured as a proxy for distributing the expansion population across the states should capture most of the differences among states in their current program eligibility levels.

That is, if two states have about the same total population but the uninsured rate is higher in one

than the other, it is likely that at least part of that difference can be explained by differences in the two states' Medicaid eligibility criteria for non-elderly, non-disabled adults as well as any other Medicaid waiver or state-only program targeted to that population.

However, one uncertainty is the extent to which the uninsured population of a given state consists of illegal immigrants, who would be barred from obtaining coverage through Medicaid. Estimates for the share of the national uninsured population that consists of illegal immigrants are imprecise, and attempting to adjust for the presumed uneven distribution of that subpopulation across the states would be even more problematic.

Moreover, reliable state-level data, consistent across all states, for per-capita Medicaid spending for the subset of current beneficiaries who most closely match the characteristics of the expansion population are not readily available. However, each state's program officials should be able to use their own state's Medicaid data to project their own costs.

Thus, a major limitation of this set of state-level estimates is the need to assume the same per-capita spending amount for new enrollees across all the states. The inability to incorporate state-level spending variations into these estimates is likely to be a major explanation for any variance between these estimates and a state's own calculations.

**Components and Data Sources**

*Enrollment and Federal Spending.* CMS projections as found in Tables 1 and 2 of the CMS Actuary's memos entitled "Estimated Financial Effects of the 'America's Affordable Health Choices Act of 2009,' as Passed by the House on November 7, 2009" (November 13, 2009) and "Estimated Financial Effects of the 'Patient Protection and Affordable Care Act of 2009'" (December 2009).

CMS projections were used instead of the equivalent CBO projections because CBO implicitly assumes that this expansion would follow the observed pattern of previous expansions, with enrollment growing gradually over a period of years as newly eligible individuals sought assistance or

were identified through outreach efforts. In contrast, CMS explicitly (and more plausibly) assumes that other provisions of the legislation—specifically, the individual mandate, the additional eligibility determinations to be conducted by the new exchanges for a much larger population that might be eligible for new subsidies outside of Medicaid, and the Medicaid automatic enrollment provisions—“would result in a high percentage of eligible persons becoming enrolled in Medicaid” and that “the great majority of such persons would become covered in the first year, with the rest covered by [the third year].”

*Enrollment Distribution.* As noted, the current distribution of the uninsured population at the applicable income levels by state was used as a proxy for assigning each state a share of the national enrollment estimates generated by CMS. The underlying data used for the uninsured distribution were taken from “Table 3: Three-Year Average of Uninsured by Federal Poverty Level” in “Special Analysis: State Impact of Medicaid Eligibility Expansion,” produced by Federal Funds Information for States on April 23, 2009, which was in turn derived from the U.S. Census Bureau’s “Current Population Survey, 2008 (Uninsured data; three-year avg. 2005–2007).”

*Federal Match Rates.* Kaiser Family Foundation, StateHealthFacts.org data on FMAP rates by state for the five years FY 2005 through FY 2009 (using the pre-stimulus FMAPs for FY 2009) were averaged to produce a projected “baseline” or “normal” FMAP for future years for each state. These parameters were selected to exclude the otherwise distorting effects of the temporary FMAP increases in FY 2004 and post-stimulus FY 2009. The baseline FMAPs were then adjusted in accordance with the specific provisions of the legislation.

*Administrative Cost Load.* The administrative cost load was calculated using ratios for administrative spending to benefit spending and average federal and state shares of administrative costs, derived from the most recent actual data (FY 2006 and FY 2007) as reported in April Grady, “State Medicaid Program Administration: A Brief Overview,” Congressional Research Service Report for Congress, updated May 14, 2008, and John Holahan, Alshadye Yemane, and David Rousseau, “Medicaid Expenditures Increased By 5.3% in 2007, Led by Acute Care Spending Growth,” Kaiser Commission on Medicaid and the Uninsured, September 2009.

File Copy # 13271



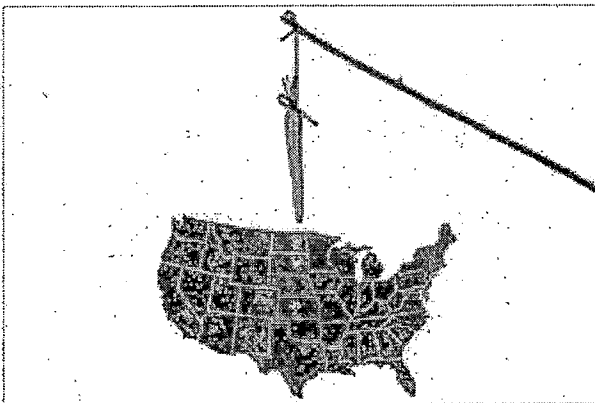
## States Balk At Expanding Medicaid

By Phil Galewitz  
KHN Staff Writer  
JUL 02, 2012

*This story was produced in collaboration with*



Hours after the Supreme Court upheld President Barack Obama's health law on Thursday, but made its Medicaid expansion optional, senior White House officials were asked by a reporter how they would entice states to participate.



They laughed. It seemed almost inconceivable to them that states would opt out. After all, the federal government will be paying the entire bill for three years for the expanded health insurance program for the poor, from 2014 to 2017, and then picking up at least 90 percent of the costs after that.

But a growing number of Republican lawmakers and state Medicaid officials, including those in Florida, Texas and at least seven other Republican-leaning states, have said they may indeed walk away from the nearly \$1 trillion federal pot –putting at risk the administration's plans to cover up to 17 million people, or more than half the total expected to gain coverage under the law.

While politics is a factor, states have legitimate budget concerns, said Matt Salo, executive director of the National Association of Medicaid Directors. Many state officials are already struggling to pay for the entitlement program, which typically is the largest or second largest state expense. Their future share may sound small, but it represents billions in new spending that could require cutbacks of other more popular programs, such as education or transportation, or else raising taxes. "Downstream there is exposure for uncontrollable costs," he said.

The Congressional Budget Office projected that states would pay approximately \$73 billion, or 7 percent of the cost of the Medicaid expansion between 2014 and 2022, while the federal government pays \$931 billion, or 93 percent.

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Salo and others also dispute the notion the program is “free” in the early years, saying that startup costs and the likelihood that millions of people currently eligible for Medicaid, but not enrolled, will come forward as a result of publicity about the expansion, is sure to drive up states’ expenses.

For those people, states will receive their traditional federal funding match, averaging 57 percent. Officials are also worried that a future, deficit-focused Congress will scale back the federal share, leaving states on the hook for a much greater share of the entitlement program.

States may try to negotiate smaller expansions that leave them less exposed in the future, but it’s unclear whether the White House would go along.

### **Texas Would Pay \$27 Billion Over Decade**

Take Texas, which has the nation’s highest rate of uninsured –with more than one in four of its residents under 65 without insurance. Under the law, the state would be in line for \$164 billion in federal dollars over a decade to cover an additional 2 million people through Medicaid, according to state estimates. But state officials, who this year underfunded Medicaid by billions to balance their budget, estimate their own share at \$27 billion over that time.

“At this moment, Texas would be very hesitant to expand the Medicaid rolls,” said state Rep. Lois Kolkhorst, R-Brenham, chair of the House Public Health Committee, told the Houston Chronicle.

Charles Begley, professor of management, policy and community health at the University of Texas, predicts Lone Star officials will try to negotiate a smaller expansion, perhaps up to 90 percent of the poverty level, rather than the 133 percent called for in the law.

“The GOP in Texas will say we can’t fund the current Medicaid program, and they won’t want to spend more money on the program than it has to,” he said.

But hospitals, doctors and insurers are likely to bring strong pressure on them to accept at least some of the expansion, he said. Providers want the expansion to help pay for their treatment of the uninsured. Insurers want it because states are increasingly shifting Medicaid enrollees into private managed care plans which they operate.



The White House will likely try to leverage that pressure. Chief of Staff Jack Lew said Sunday on This Week With George Stephanopolous that he expects "the vast majority of states" to expand Medicaid. "For those few that are slow to come in, they're going to have to answer to people why they're turning this down and why they're letting people go without coverage."

State officials retort that the notion that expansion is free for states until 2017 is "a big lie," in Salo's words. While the federal government will pay many of the administrative costs, states will share in the expense of some information technology and personnel. And the requirement that most individuals carry insurance is expected to spur at least some of an estimated 13 million people who currently qualify for Medicaid, but are not enrolled to sign up, Salo said. States will receive their traditional federal funding match for those people.

"As it stands now, there's no way we can afford to do it," said Tony Keck, South Carolina's Medicaid director.

Beyond that, Keck said there's little incentive "to pour more money into a broken system," which he argued does little to hold down costs or improve the health of the poor.

Keck estimated the expansion of Medicaid would add 500,000 people to the rolls in South Carolina at a cost to the state of as much as \$2.4 billion over 10 years.

He acknowledged that cost predictions are uncertain, however, since it is unclear how many might enroll, especially since some lower-income people will be exempt from the mandate to carry insurance.

### **States Also Face Costs If They Opt Out**

The law's supporters argue that states will pay a cost for not expanding Medicaid. They will likely have to pay more to hospitals and other providers to compensate them for caring for patients without coverage, said Jocelyn Guyer, co-executive director of the Center for Children and Families at Georgetown University.

Another factor Guyer believes will drive participation is the reduction of Medicaid funding to hospitals that care for the uninsured starting in 2014. The assumption was they would not need the help because fewer people would be uninsured, she said.

That will also spur providers that care for the uninsured to lobby state lawmakers to expand Medicaid, she said

Don Berwick, who until December was the administrator of the federal Centers for Medicare and Medicaid services, argued that states would be shortsighted not to participate.

"It does not make sense morally or economically to leave a person out of the health system," he said. "That can lead to human suffering and increase costs for states."

Some state officials worry it is shortsighted to go along with the plan at a time of looming federal deficits when a future Congress could decide to scale back federal funding, leaving states to pay a bigger share.

State Sen. Richard Rosen, co-chairman of the Maine Senate appropriations committee, notes that federal lawmakers channeled additional money for the program in the 2009 stimulus package only to take it away in 2011.

"Living with those gyrations makes me cautious about any expansion," he said.

Rosen said he'd be more inclined to expand Medicaid if the Obama administration granted states more flexibility, so they had more power to determine benefits and how they pay providers.

"That would go a long way to addressing out concerns to take on a greater population," he said.

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# Voting Sheets

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

EXECUTIVE SESSION on HB 271

**BILL TITLE:** stating that New Hampshire will not accept expanded Medicaid.

**DATE:** February 14, 2013

**LOB ROOM:** 205

Amendments:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Motions: OTP, OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep. Laurie Harding

Seconded by Rep. Rep. Barbara French

Vote: 13-6 (Please attach record of roll call vote.)

Motions: OTP, OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote: (Please attach record of roll call vote.)

**CONSENT CALENDAR VOTE: NO**

(Vote to place on Consent Calendar must be unanimous.)

Statement of Intent: Refer to Committee Report

Respectfully submitted,

Rep. Lisa DiMartino, Clerk

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

EXECUTIVE SESSION on HB 271

**BILL TITLE:** stating that New Hampshire will not accept expanded Medicaid.

**DATE:** February 14, 2013

**LOB ROOM:** 205

3:15 pm

**Amendments:**

Sponsor: Rep.

OLS Document #:

Sponsor: Rep.

OLS Document #:

Sponsor: Rep.

OLS Document #:

**Motions:** OTP, OTP/A, ITL Interim Study (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote:

(Please attach record of roll call vote.)

**Motions:** OTP, OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote:

(Please attach record of roll call vote.)

**CONSENT CALENDAR VOTE:**

(Vote to place on Consent Calendar must be unanimous.)

**Statement of Intent:** Refer to Committee Report

Respectfully submitted,

Rep. Lisa DiMartino, Clerk



STATE OF NEW HAMPSHIRE  
OFFICE OF THE HOUSE CLERK

1/10/2013 8:47:26 AM  
Roll Call Committee Registers  
Report

2013 SESSION

HEALTH, HUMAN SERVICES & ELDERLY AFFAIRS

Bill #: HB 271

Title: Stating that New Hampshire will not accept expanded Medicaid.

PH Date: 02 / 05 / 2013

Exec Session Date: 02 / 14 / 2013

Motion: to IT

Amendment #: \_\_\_\_\_

MEMBER

YEAS

NAYS

MEMBER	YEAS	NAYS
Mackay, James R, Chairman	✓	
Harding, Laurie, V Chairman	✓	
French, Barbara C	✓	
<del>Donovan, Thomas E</del> Mackay	✓	
<del>Tilton, Joy K</del> Bouchard	✓	
Andrews-Ahearn, E. Elaine	✓	
DiMartino, Lisa	✓	
Helmstetter, Barbara S	✓	
Hunt, Jane J, Clerk	✓	
Sherman, Thomas M	✓	
Ticehurst, Susan J	✓	
McMahon, Charles E	✓	
Emerson, Susan,	✓	
Kotowski, Frank R,		✓
Martel, Andre A out		
LeBrun, Donald L		✓
Culbert, Patrick L		✓
Meaney, Richard E		✓
Nelson, Bill G		✓
Schmidt, Stephen J		✓
<b>TOTAL VOTE:</b>	<b>13</b>	<b>6</b>

# Committee Report



**REGULAR CALENDAR**

**February 27, 2013**

**HOUSE OF REPRESENTATIVES**

**REPORT OF COMMITTEE**

**The Committee on HEALTH, HUMAN SERVICES &  
ELDERLY AFFAIRS to which was referred HB271,**

**AN ACT stating that New Hampshire will not accept  
expanded Medicaid. Having considered the same,  
report the same with the following Resolution:**

**RESOLVED, That it is INEXPEDIENT TO LEGISLATE.**

**Rep. Laurie Harding**

**FOR THE COMMITTEE**

## COMMITTEE REPORT

Committee:	<b>HEALTH, HUMAN SERVICES &amp; ELDERLY AFFAIRS</b>
Bill Number:	<b>HB271</b>
Title:	<b>stating that New Hampshire will not accept expanded Medicaid.</b>
Date:	<b>February 14, 2013</b>
Consent Calendar:	<b>NO</b>
Recommendation:	<b>INEXPEDIENT TO LEGISLATE</b>

### STATEMENT OF INTENT

The primary reason that the committee voted HB 271 inexpedient to legislate was because passage of this bill would close the door on further discussion related to Medicaid expansion. It was clear from the public hearing that those testifying (45-50 people) at the very least expected the legislature to continue to explore Medicaid expansion as an option for not only increasing the number of individuals in New Hampshire with health care coverage but also because it would be a vehicle for bringing hundreds of millions of federal dollars into the state. In fact, the federal law is clear that the federal financing / matching rate is: 100% for calendar years 2014, 2015, and 2016; 95% for calendar year 2017; 94% for 2018; 93% for 2019; and 90% for calendar year 2020 and each year thereafter. Section 1905(y)(1) of the Social Security Act, codified at 42 USC § 1396d(y)(1). The Medicaid expansion and its federal financing / matching rate are enshrined in federal law. Changing either of these federal government obligations would require an Act of Congress. In addition, the expansion is entirely voluntary; states can decide when to come into the expansion and they can decide when to leave. During the hearing, the HHSEA committee heard from business people, representatives from insurance companies, hospitals, physicians, nurses, those suffering from and providers treating people with substance use disorders, as well as many others supporting Medicaid expansion. The ongoing themes of public testimony were related to: doing what is right by working people who are uninsured and have no regular access to health care, helping business owners who can't afford to offer coverage to their low-income employees, addressing the concerns of health care providers who now receive no compensation for treating people without health coverage and reducing the pressure on insurers to shift these uncompensated care costs onto all who pay for private health insurance premiums. The HHSEA committee thinks that the conversation about Medicaid expansion is just beginning. An ITL vote on HB 271 allows the dialogue to continue.

Original: House Clerk

Cc: Committee Bill File

Vote 13-6.

Rep. Laurie Harding  
FOR THE COMMITTEE

Original: House Clerk  
Cc: Committee Bill File

## REGULAR CALENDAR

### HEALTH, HUMAN SERVICES & ELDERLY AFFAIRS

**HB271**, stating that New Hampshire will not accept expanded Medicaid. **INEXPEDIENT TO LEGISLATE.**

Rep. Laurie Harding for HEALTH, HUMAN SERVICES & ELDERLY AFFAIRS. The primary reason that the committee voted HB 271 inexpedient to legislate was because passage of this bill would close the door on further discussion related to Medicaid expansion. It was clear from the public hearing that those testifying (45-50 people) at the very least expected the legislature to continue to explore Medicaid expansion as an option for not only increasing the number of individuals in New Hampshire with health care coverage but also because it would be a vehicle for bringing hundreds of millions of federal dollars into the state. In fact, the federal law is clear that the federal financing / matching rate is: 100% for calendar years 2014, 2015, and 2016; 95% for calendar year 2017; 94% for 2018; 93% for 2019; and 90% for calendar year 2020 and each year thereafter. Section 1905(y)(1) of the Social Security Act, codified at 42 USC § 1396d(y)(1). The Medicaid expansion and its federal financing / matching rate are enshrined in federal law. Changing either of these federal government obligations would require an Act of Congress. In addition, the expansion is entirely voluntary; states can decide when to come into the expansion and they can decide when to leave. During the hearing, the HHSEA committee heard from business people, representatives from insurance companies, hospitals, physicians, nurses, those suffering from and providers treating people with substance use disorders, as well as many others supporting Medicaid expansion. The ongoing themes of public testimony were related to: doing what is right by working people who are uninsured and have no regular access to health care, helping business owners who can't afford to offer coverage to their low-income employees, addressing the concerns of health care providers who now receive no compensation for treating people without health coverage and reducing the pressure on insurers to shift these uncompensated care costs onto all who pay for private health insurance premiums. The HHSEA committee thinks that the conversation about Medicaid expansion is just beginning. An ITL vote on HB 271 allows the dialogue to continue.

**Vote 13-6.**

Original: House Clerk  
Cc: Committee Bill File

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February 19, 2013

Blurb on HB 271: Stating that NH will not accept expanded Medicaid

The primary reason that the committee voted HB 271 inexpedient to legislate was because passage of this bill would close the door to further discussion related to Medicaid expansion. It was clear from the public hearing that those testifying (45-50 people) at the very least expected the legislature to continue to explore Medicaid expansion as an option for not only increasing the number of individuals in the state with health care coverage but also because it would be a vehicle for bringing millions of federal dollars into the state. In fact, the federal law is clear that the federal financing / matching rate is: 100% for calendar years 2014, 2015, and 2016; 95% for calendar year 2017; 94% for 2018; 93% for 2019; and 90% for calendar year 2020 and each year thereafter.

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*Rep Laurie Hordning*

*Vote: 13-6*

February 19, 2013

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Rep. Laurie Harding

For the Committee

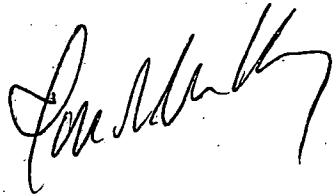
13-6 ITL RC

OK  
JRM

HB 271 stating that New Hampshire will not accept expanded Medicaid.

This bill is needed to prevent Medicaid expansion in New Hampshire. Medicaid expansion is unaffordable. Medicaid rolls in New Hampshire would swell to include nearly one in every six New Hampshire residents. Even thousands of county and state inmates will be covered under expanded Medicaid, hamstringing current efforts to provide cost-efficient care. Many businesses that now provide private insurance will cease providing such insurance due to expensive federal mandates. The "\$2.5 billion federal dollars between 2014-2019" that would be coming to New Hampshire is a pretense and an expensive one at that. Every federal dollar spent today requires 42 cents of borrowing. "Federal dollars" are taxpayer dollars, many of which come from New Hampshire. New Hampshire residents will pay increased taxes and fees to support expanded Medicaid. The state budget will require at least \$15 million annually from 2014-2019 and subsequently an additional \$50-\$100 million annually to service the Medicaid pretense. If the federal promise to provide 90% of NH's expanded Medicaid costs is fulfilled in a manner similar to the fulfillment of the Special Education promise (Feds promised 40%, are delivering 17%), we will see NH's expanded Medicaid costs reach a quarter of a billion dollars per year. In the absence of cost controls and reform, we simply can't put more people into a broken system that doesn't work.

Rep. Richard Meaney  
For the Minority  
13-6 OTP RC

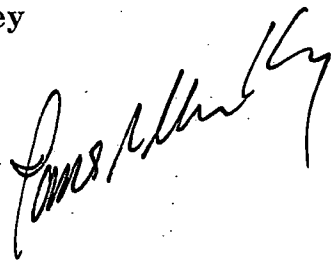




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Rep. Richard Meaney  
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13-6 OTP RC



Minority Blurb for HB271:

This bill is needed to prevent Medicaid expansion in NH. Medicaid expansion is unaffordable. Medicaid rolls in NH would swell to include nearly one in every six NH residents. Even thousands of county and state inmates will be covered under expanded Medicaid, hamstringing current efforts to provide cost-efficient care. Many businesses that now provide private insurance will cease providing such insurance due to expensive federal mandates. The "\$2.5 billion federal dollars between 2014-2019" that would be coming to NH is a shell game and an expensive one at that. Every federal dollar spent today requires 42 cents of ~~borrowing~~ <sup>pretense</sup> borrowing. "Federal dollars" are taxpayer dollars, many of which come from NH. NH residents will pay increased taxes and fees to support expanded Medicaid. The state budget will require at least \$15 million annually from 2014-2019 and subsequently an additional \$50-\$100 million annually to service the Medicaid shell game. If the federal promise to provide 90% of NH's expanded Medicaid costs is fulfilled in a manner similar to the fulfillment of the Special Education promise (Feds promised 40%, are ~~only~~ <sup>17%</sup> delivering 17%), we will see NH's expanded Medicaid costs reach a quarter billion dollars per year. In the absence of cost controls and reform, we simply can't put more people into a broken system that doesn't work.

*pretense*

Rep Richard Meaney  
Hillsborough 6

*[Handwritten signature]*

*Richard Meaney*

COMMITTEE REPORT

COMMITTEE: Health, Human Services and Elderly

BILL NUMBER: HB 271

TITLE: Stating that New Hampshire will not accept expanded Medicaid

DATE: Feb 14, 2013 CONSENT CALENDAR: YES  NO

- OUGHT TO PASS
- OUGHT TO PASS W/ AMENDMENT
- INEXPEDIENT TO LEGISLATE
- INTERIM STUDY (Available only 2<sup>nd</sup> year of biennium)

Amendment No. \_\_\_\_\_

STATEMENT OF INTENT:

See attached brief

COMMITTEE VOTE: 13-6

RESPECTFULLY SUBMITTED,

- Copy to Committee Bill File
- Use Another Report for Minority Report

Rep. Laurie Harding  
For the Committee